DISTRICT OF COLUMBIA
DEPARTMENT OF BEHAVIORAL HEALTH

BEHAVIORAL HEALTH SUPPLEMENTAL DATA (BHSD) COMPANION GUIDE

PROVIDER GATEWAY BHSD SUBMISSION INSTRUCTIONS

VERSION 1.0

APRIL 18, 2023

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Disclaimer

The Department of Behavioral Health (DBH) Integrated Technology Engine (ITE) Provider Behavioral Health Supplemental Data (BHSD) Companion Guide (the Guide), also known as Provider Gateway BHSD Submission Instructions, is issued by IdeaCrew, on behalf of DBH to provide DBH's certified behavioral health (BH) providers with detailed instructions on the BHSD reporting guidelines and data validation rules. The Guide is intended to be a reference for DBH staff and DBH-certified BH service providers, including consultants or contractors, who are involved in BHSD collection, extraction, coding, submission and/or monitoring.

The federal reporting requirements specified in the *Combined Substance Use and Mental Health Treatment Episode Data Set (TEDS) State Instruction Manual with Data Submission System (DSS) Guide Version 4.3.1*[1] are heavily considered in defining the requirements for the District's BHSD, although they are not the same as the BHSD requirements.

The Guide is subject to periodic updates, to be consistent and compliant with federal and DBH policies and protocols. Any updates in the Guide will be documented in the version log. Any changes requiring providers to update data tracking practices or querying logic for BHSD submission will be notified to providers up to 90 days, to the extent possible, before the effective date.

[1] *Combined Substance Use and Mental Health Treatment Episode Data Set (TEDS) State Instruction Manual with Data Submission System (DSS) Guide Version 4.3.1 was Published by the Substance Abuse and Mental Health Services Administration's (SAMHSA) in April 2019 and approved by the Office of Management and Budget (OMB) on 4/30/2022.*

1 Glossary and Terminology

1.1 Business Terms

Table 1. Definitions of Business Terms

Term	Definition
BH	Behavioral Health (BH) is an umbrella term that includes both mental health (MH) and substance use (SU) related conditions, life stressors, stress-related physical symptoms, and health behaviors.
MHRS	Mental Health Rehabilitation Services (MHRS) are rehabilitative services provided by DBH-certified MHRS providers to clients in accordance with the District of Columbia State Medicaid Plan, the DBH Memorandum of Understanding with the Department of Health Care Finance and 22-A District of Columbia (DCMR) Chapter 34.
SUD	Substance Use Disorder (SUD) is a chronic relapsing disease characterized by a cluster of cognitive, behavioral, and psychological symptoms indicating that the client continues to be using a substance despite significant substance-related problems. A DBH-certified SUD provider specializes in SUD treatment services such as detoxification, residential treatment, and outpatient services based on the individual's needs and level of care.
COD	Co-occurring Disorder (COD) refers to having a co-existing MH and SUD.
BHSD	Behavioral Health Supplemental Data (BHSD) is a compilation of client-level BH treatment service data submitted to DBH by the District's DBH-certified MH and SUD providers.
TEDS	Treatment Episode Data Set (TEDS) is a compilation of client-level substance abuse and mental health treatment admission and discharge data submitted by states to Substance Abuse and Mental Health Services Administration (SAMHSA) on clients treated in facilities that receive state funds.
NOMS	National Outcome Measures (NOMS) are SAMSHA defined client- level measures for discretionary programs providing direct services.
URS	Uniform Reporting System (URS) is data that states report annually to the Substance Abuse and Mental Health Services Administration (SAMHSA) to support the Community Mental Health Services Block Grant program.
HIPAA	Health Insurance Portability and Accountability Act of 1996 (HIPPA) are federal law and implementing regulations that establish national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.
21st Century Cures Act	The Cures Act (Pub. L. No. 114-255 (2016)), is a federal law designed to streamline the development and delivery of medications and other medical devices, accelerate research into serious illnesses, address the opioid crisis and improve mental health services. The 21st Century Cures Act specifies the API Conditions of Certification of an electronic health record system, which seeks to minimize the "special effort" necessary to access, exchange, and use electronic health information via certified API technology.
ADT	The admission, discharge and transfer (ADT) process, a provider's policies and procedures governing the admission, discharge and transfer (ADT) of clients.
NPI	National Provider Identifier (NPI) is a unique identification number for covered health care providers and practitioners that is provided by the Center for Medicare and Medicaid Services.
Medicaid	Medicaid is a joint federal/state health insurance program providing health coverage to low-income and/or disabled individuals and families.

Term	Definition
Alliance	The DC Healthcare Alliance Program (the Alliance) is a locally funded program that provides medical assistance to District residents who have no other health insurance and are not eligible for Medicaid or Medicare.
ICP	The Immigrant Children's Program (ICP) is a program that provides health coverage to individuals under the age of twenty-one (21) who are not eligible for Medicaid. Services covered under the Immigrant Children's Program are identical to the services covered under Medicaid for children under age twenty-one (21).
Managed Care	Managed Care is a health care delivery system organized to manage cost, utilization, and quality. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs) that accept a set per member per month (capitation) payment for these services.
Section 1115 Demonstrations	Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that are found by the Secretary to be likely to assist in promoting the objectives of the Medicaid program. The purpose of these demonstrations, which give states additional flexibility to design and improve their programs, is to demonstrate and evaluate state-specific policy approaches to better serving Medicaid populations.
DC Section 1115 Medicaid Behavioral Health Transformation Demonstration	A demonstration that allows the District's Medicaid program to pay for services provided to adults with serious mental illness (SMI)/serious emotional disturbance (SED) or substance use disorder (SUD) residing in an institution for mental disease (IMD), along with community-based services designed to improve behavioral health treatment capacity and strengthen transitions from emergency, inpatient and residential treatment.
ASAM Criteria Level of Care	A comprehensive set of guidelines set by the American Society of Addiction Medicine (ASAM), for placement, continued stay, and transfer/discharge of patients with SUD and co-occurring conditions. The level of care (LOC) for an SUD patient is driven by ASAM criteria. ASAM CO-Triage is a computer-guided provisional referral tool designed to generate an initial level of care placement for individuals with substance use problems, used by all SUD providers in the District. ASAM CONTINUUM is an assessment tool composed of structured interview for individuals with addictive and co-occurring conditions, to support specific clinical decisions.
DLA-20	The Daily Living Activities-20 (DLA-20) is a comprehensive functional assessment and outcome measurement tool, recommended to be used by all behavioral health providers in the District, to measure clients' level of functioning in various daily living activities (20 activities) and their progress. 1-7 scale in each domain to
CAFAS	Child and Adolescent Functional Assessment Scale (CAFAS) is a tool to assess a child or youth's day-to-day functioning across critical life subscales in eight (8) domains and to determine whether a youth's functioning improves over time. It's designed for ages 5-19.
PECFAS	Preschool and Early Childhood Functional Assessment Scale (PECFAS) is a tool developed based on CAFAS but for children who are not yet enrolled in a full-day kindergarten or first grade. PECFAS has seven (7) domains.
ICD	International Classification of Disease (ICD) is a standardized diagnostic tool for epidemiology, health management and clinical purposes maintained by the World Health Organization. The 10th edition (ICD-10) is used for Medicaid claim processes and BHSD rules on diagnosis data fields are constructed based on ICD-10.

1.2 Technical Terms

Table 2. Definitions of Technical Terms

Term	Definition
API	Application Programming Interface (API) is a set of functions that allows applications to access data and interact with external software components, operating systems, or microservices.
EDI	Electronic Data Interchange (EDI) is the concept of businesses electronically communicating information that was traditionally communicated on paper. Technical standards for EDI exist to facilitate parties transacting such instruments without having to make special arrangements.
ETL	Extract, transform and load (ETL) refers to data integration processes that combine, filter and shape data from external sources into a form suitable for data warehouse or other target systems.
HL7	Health Level Seven (HL7) is a set of international standards for transfer of clinical and administrative data between software applications used by various healthcare providers.
FHIR	Fast Healthcare Interoperability Resources (FHIR) is a resource standard describing data formats and elements and application programming interface for exchanging electronic health records. The standard was created by the Health Level Seven (HL7) International health-care standards organization.
Hub	A data hub (the Hub) is a centralized system for data storage, definition, and delivery. It is a center of data exchange supported by data science, data engineering and data warehouse technologies to interact with endpoints.
CSV	A Comma-Separated Value (CSV) file is a text file that uses a comma to delimit or separate individual values. Each line of the file is a data record. Each record consists of one or more fields, separated by commas.

Table 3. Definitions of Systems

Term	Definition
CRISP DC	Chesapeake Regional Information for our Patients (CRISP) DC is the District's designated Health Information Exchange (HIE) that facilitates the electronic transfer of clinical information between health information systems.
EHR	An Electronic Health Record (EHR) is a digital version of a patient's paper chart. EHRs are real-time, patient-centered records that make information available instantly and securely to authorized users. A certified EHR is an EHR system that demonstrates the technological capability, functionality, and security requirements specified by the Secretary of Health and Human Services and has received certification by the Office of the National Coordinator (ONC).
HIE	Health information Exchange (HIE) is an electronic system that facilitates the electronic transmission of healthcare-related data among medical facilities, health information organizations and government agencies according to national standards.
ITE	Integrated Technology Engine (ITE) is a technology solution aligned with DBH's business process that will consolidate accurate and timely behavioral health data, enabling DBH managers and staff to make informed decisions supporting the District's vision of population health and whole-person care.
Gateway or Provider Gateway	Provider Gateway is a component of the ITE that allows DBH-certified providers to submit and validate BHSD from EHR systems.

Term	Definition
iCAMS	A customized version of Credible, an EHR system that is currently used by the DBH-certified MHRS providers.
DATA WITS (WITS)	An EHR system that is currently used by DBH-certified SUD providers.

1.3 Related Organizations

Table 4. List of Related Organizations

Organization	Definition
SAMHSA	Substance Abuse and Mental Health Services Administration (SAMHSA), a branch of the U.S. Department of Health and Human Services (HHS), is charged with improving the quality and availability of treatment and rehabilitative services to reduce illness, death, disability, and the cost to society resulting from substance use and mental illnesses. SAMHSA provides federal funds for behavioral health services to all states and the District of Columbia via the *Community Mental Health Services Block Grant (MHBG)* program and the *Substance Abuse Prevention and Treatment Block Grant (SABG)* program.
CMS	Centers for Medicare & Medicaid Services (CMS), a branch of the HHS), administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards (HIPPA).
ONC	The Office of the National Coordinator for the HHS Health Information Technology (ONC), as the principal federal entity, leads national health IT efforts to implement the use of the most advanced health information technology and the electronic exchange of health information.
HHS	The United States Department of Health and Human Services.
DBH	The District of Columbia Department of Behavioral Health (DBH) provides prevention, intervention, treatment services and support for children, youth and adults with mental and/or substance use disorders including emergency psychiatric care and community-based outpatient and residential services in the District.
DHCF	The District of Columbia Department of Health Care Finance (DHCF) is the District of Columbia's state Medicaid agency. DHCF also administers insurance programs for immigrant children, the State Child Health Insurance Program (S-CHIP or CHIP) and Medical Charities (a locally funded program).

1.4 BHSD Reporting Terms

Table 5. List of Terms Related to BHSD Submission

Term	Definition
Record	A collection of data fields of different data types in a fixed number and sequence. In the BHSD submission, a record is a unique treatment episode provided for a client by a provider in a treatment setting as defined in this document, within the same dataset.
Dataset	Set or collection of data that includes one or more records from the same provider for the same reporting period.
Submission	A set of one or more records from a provider for a particular reporting period, provided to the DBH Provider Gateway either via system-to-system API integration, or manually via upload of a comma separated value (.csv) file from an authorized representative of a provider.

Term	Definition
Reporting Period	A time span for which an agency provided a client with an MH or SUD treatment service reported in the dataset. For example, a dataset with the reporting period of October 1, 2022 through October 31, 2022, would include all clients admitted to or discharged from an MH/SUD treatment service between October 1 and October 31, 2022 and those remaining in care as of the last day of the reporting period.
Data Field Description vs. Field Name	A data field is a structure for a single data element and each record consists of several data fields. Every data field in BHSD will have a unique data field description and the field name. The data field name has no space but often has an underscore (_) and is always spelled in lower case. For example, the data field name of Client ID is client_id. The header of a BHSD dataset must use the field name whereas this document will use the data field description for clear communication. In the Guide, every word of a data field description is capitalized in blue (e.g., Admission Date or Discharge Reason)
Code & Value	A value is the information contained in a data field. It may represent a numeric quantity, a textual characterization, a date or time measurement, or something else. Each data field has rules for acceptable values defined. Most data fields will have a range of numeric codes assigned to represent values for standardization and consistency of data collection. Thus, when codes are assigned, data should be reported in code. The Guide describes the definition of and when to use each code and value. In this document, a code is always followed by the corresponding value in a parenthesis, and they are italicized in red: e.g., One of the acceptable codes & values in Gender will be *1 (Male)*.

Table 6. List of Data Field Format for BHSD

Term	Definition
Alphanumeric	0 to 9 numbers, A to Z (or a to z) alphabetic characters, or combination of numbers and alphabetic characters. Examples of valid alphanumeric values are a, H, 0, 5 and k. No space or special characters are allowed in this data field.
Alphabetic	Combination of A to Z or a to z characters. No space or special characters are allowed in this data field.
Numeric	Combination of 0 to 9 numbers. No space or special characters are allowed in this data field.
Decimal	A number that consists of a whole number and a fractional part using a decimal point (e.g., 4.95)
String	A sequence or array of characters or words, including alphabetic value, numeric value, space, and special characters. Some string fields may specify allowed special characters.
Date	Date refers to the current or past day, month, and year. The acceptable date format for BHSD will be MM/DD/YYYY or YYYY-MM-DD.

2 Introduction

2.1 Background

In November 2019, the Centers for Medicare and Medicaid Services (CMS) approved the District of Columbia (the District) Section 1115 Medicaid Behavioral Health (BH) Transformation Demonstration waiver (Section 1115) with an effective date of January 1, 2020. The demonstration allows the District's Medicaid program to pay for services provided to adults with Serious Mental Illness (SMI)/Serious Emotional disturbance (SED) or substance use disorder (SUD) residing in an institution for mental disease (IMD). The waiver approval ensures that Medicaid provides a broader continuum of BH services and a person-centered system of physical and behavioral health care for the District residents through integrated and coordinated treatment services.

In April 2022, CMS further approved a State Plan Amendment (SPA) to allow the District to transition its Section 1115 services for Mental Health Rehabilitative Services (MHRS) and Adult Substance Use Rehabilitative Services (ASURS) to permanent State Plan authority and expand the range and the availability of BH services covered by managed care contracts.

Since the initial approval of the Section 1115 waiver, a range of behavioral health services have already been carved into Medicaid managed care contracts. Many of the MHRS and SUD providers have already been submitting applicable claims to the Medicaid Managed Care Organizations (MCOs). Effective October 2023, the transition to the carve-in model will be complete as a full continuum of BH services will be incorporated into managed care plans.

As the District's behavioral healthcare authority, during and after this transition, the Department of Behavioral Health (DBH) continues to be responsible for federal reporting, BH provider certification, and managing locally funded services. Furthermore, DBH is shifting its focus to supporting whole-person care (WPC) service delivery, outcome-based care, and population health. This is a sea change in the entire BH service community in the District. DBH needs accurate and reliable data to support behavioral health clients during and after this transformation, to monitor the quality of services and outcomes, and to meet federal reporting requirements. Consequently, DBH-certified providers must regularly submit Behavioral Health Supplemental Data (BHSD), the provider extract, to DBH as described in this guide.

Currently, most DBH-certified mental health (MH) providers utilize the iCAMS electronic health records (EHR) system, and all DBH-certified SUD providers use the DATA WITS (WITS) EHR system. This arrangement allows DBH to extract data necessary for federal reporting from iCAMS and WITS. The District's Medicaid reform will require each provider to transition away from using iCAMS and WITS and independently manage and communicate BH clients' EHR information directly with MCOs.

Effective October 1, 2023, DBH will no longer require DBH-certified MH and SUD providers to use iCAMS and WITS. All DBH-certified providers must submit BHSD via the Provider Gateway (the Gateway) as instructed in this Guide. DBH encourages providers to begin to prepare for the transition immediately. Providers who have successfully tested the submission of BHSD from their own EHR systems via the Gateway will be allowed to exit iCAMS or WITS before October 1, 2023.

2.2 What is BHSD?

The Behavioral Health Supplemental Data (BHSD) is client-level information about BH services and supports provided by a DBH-certified provider to:

- District residents who are eligible for or enrolled in Medicaid, the Alliance and Immigrant Children's Program (ICP); and
- District residents who do not qualify for Medicaid, the Alliance or ICP but who receive BH services or support under emergent circumstances.

Currently, BHSD includes eighty-six (86) data fields in the following domains:

1. Client demographic information
2. Service/treatment episode (admission, discharge & transfer)
3. Client address and phone numbers
4. Client profile and socioeconomic characteristics
5. Clinical information
    a. Assessment & Diagnosis
    b. Substance use

2.3 Who should submit BHSD?

DBH-certified MH and SUD providers must submit BHSD as guided in this document upon securing its EHR and exiting iCAMS and/or WITS. A DBH-certified provider must ensure that BHSD includes data for all services rendered to the client regardless of payor source and communicate all service encounters and claims for clients covered by managed care directly with MCOs.

All District residents are eligible to receive Crisis Services, Stabilization Services, and Involuntary Treatment Services regardless of income and Medicaid/Alliance/ICP enrollment status. Thus, all services rendered to the District residents by DBH-certified crisis services providers must be reported to DBH through the Gateway.

2.4 Purpose and Intended Use of BHSD

DBH will collect and use BHSD for the following purposes:

- To comply with federal and District laws and regulations.
- To comply with grant reporting requirements, including but not limited to the Substance Abuse and Mental Health Services Administration's (SAMHSA) Treatment Episode Data Set (TEDS), National Outcome Measures (NOMS), and Uniform Reporting System (URS) reporting requirements, to ensure continued funding.
- To assist with financial activities, including budget development and grant management,
- To certify MHRS and SUD providers.
- To support quality management and utilization management activities.
- To monitor BH clients' outcomes.
- To understand the BH well-being and service needs of the District's residents and identify any service gaps in the community.

The compiled BHSD will be part of the Integrated Technology Engine (ITE) solution, linking BH client and service information submitted by providers with Medicaid fee-for-service (FFS) claim data, managed care encounter data, and other District-funded or grant-funded program data. The results of integrated data will be used for the purposes identified above.

ITE is a *technological* solution aligned with DBH's business *process* that will consolidate accurate and timely behavioral health data enabling DBH managers and staff (*people)* to make informed decisions toward the District's vision of population health and whole-person care. BHSD will be submitted and processed via the Gateway, a component of ITE.

2.5 Federal Reporting Requirements

The collected BHSD will be used to ensure compliance with the following SAMHSA data reporting requirements:

a) **Treatment Episode Data Set (TEDS)** provides client-level data about drug use patterns among clients receiving SUD treatment, including primary drug use, age at first use, mode of administration, and frequency of use. This data is used to track changing patterns of drug use and treatment need. Client discharge data in TEDS is used to analyze the treatment length of stay and treatment completion for treatment outcome studies.

b) **MH-TEDS/MH-CLD (Client-Level Data)** is client-level mental health data about admission and updates/discharges for clients treated in facilities that receive state funds. These data fields were previously collected to support the Community Mental Health Services Block Grant and Substance Abuse and Prevention Treatment Block Grant Application Guidance and Instruction. MH-TEDS/CLD includes data fields about mental health admissions, treatment, demographic, socioeconomic, legal, clinical, and outcome data of clients receiving services from DBH-certified providers. MH-CLD contains one record for each person served, whereas MH-TEDS contains one record for each admission to, and discharge from, a service type or setting (referred to as a treatment episode) within the client's treatment history during the reporting period. The District submits only MH-TEDS data, which is made compatible for analysis with MH-CLD data.

c) **National Outcome Measures (NOMS)** were created by SAMHSA in response to the Government Performance and Results Act of 1993, to measure the performance and outcomes of all SAMHSA grantees by collecting in various data domains. NOMS data are calculated based on data collected using GPRA survey tools and TEDS data.

d) **Uniform Reporting System (URS)** is used to compile and report annual data as part of SAMHSA's Community MHBG. URS is part of an effort to use data in decision support and planning in public mental health systems and to support program accountability. URS comprises twenty-one (21) Excel tables that are developed by the Federal Government in consultation with state mental health authorities. URS data include the sociodemographic characteristics of clients served by the states and territories, outcomes of care, use of selected evidence-based practices, client assessment of care, insurance status, living situation, employment status, and readmission to state and territorial psychiatric hospitals within thirty (30) and one-hundred and eighty (180) days.

3 BHSD Submission and Validation Framework

3.1 Client

A 'client' in BHSD is a person who meets the following criteria:

- Has a recognized BH condition;
- Has completed the screening and intake process; and
- Has been formally admitted for the treatment or recovery service in a BH treatment unit.

Some providers may also use 'patient' or 'customer' instead of 'client' or 'consumer.' These terms will be interpreted as 'client' in BHSD.

3.2 Treatment Episode (Service Episode or Episode)

A treatment episode, also referred to as a service episode or an episode, forms the basis of BHSD reporting. It's defined as the period of contact, with specified dates of beginning (admission) and end (discharge), between a client and a treatment provider or team of providers. A treatment episode starts with an Admission Date and ends with a Discharge Date. A treatment episode that has no Discharge Date by the end of BHSD reporting period is considered an open episode where the client continues to receive active treatment.

A single Episode has only one primary treatment setting (and a principal drug of concern for SUD client) and no non-planned absence of contact for greater than three (3) months. Refer to below definitions of "admission" and "discharge."

3.2.1 Admission

For SUD services, admission is defined as the formal acceptance of a client into SUD treatment. An admission has occurred only if the client begins SUD treatment. Events such as initial screening, referral, and wait-listing for substance use treatment are considered to take place before admission to treatment and should not be reported as admissions for the BHSD reporting.

For MH services, admission is the start of any type of MH treatment services rendered to a client, including those who received an MH evaluation, screening or assessment, through a program operated or funded by DBH, Medicaid and public funds.

3.2.2 Admission Type: Initial Admission vs. Transfer Admission

Admission can be either an initial admission to a treatment setting or a transfer admission (also referred to as a transfer) to another treatment setting. A transfer admission can be:

- from one treatment setting (level of care) to another within a single episode of treatment with the same provider;
- from one treatment setting to another within the same provider network; or
- from one facility to another to receive short-term care, such as medical care.

Not every billable service (e.g., group therapy, individual therapy, etc.) is considered an admission. If these services were delivered within a single treatment setting (e.g., outpatient), count only one of these records as an episode.

In comparison, a change in a treatment setting (e.g., from inpatient hospitalization to a community-based outpatient program) or a change from an SUD service to an MH service, or vice versa, is considered a transfer. A transfer to a new treatment setting is considered an admission resulting in a new separate episode record and its record type should be reported as a transfer admission. Initial admission and transfer admission records for MH services should be coded differently from those for SUD services. (Refer to Treatment Setting/Type)

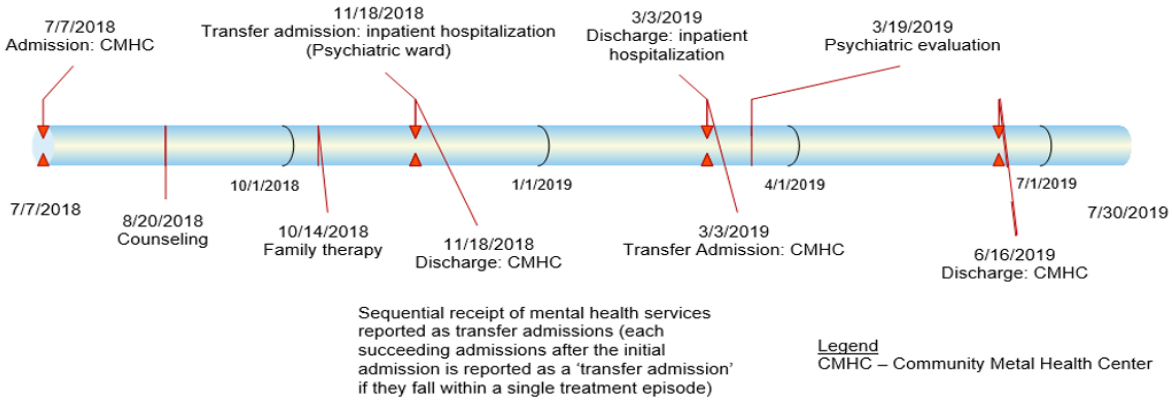
3.2.3 Discharge

A discharge is defined as the end (or termination) of treatment services in a particular setting and/or with a particular service provider. When a client is transferred to another treatment setting or another service provider and continues to receive the treatment without a service gap, the client is considered discharged from the existing episode and a new episode will start.

Services may be terminated for many reasons: treatment program completion, transfer to another treatment setting, client drop-out, facility termination, or the client's inability to continue treatment because of death, incarceration, or other life circumstances.

In the example below, the same client had three different treatment episodes between July 2018 and June 2019. The first episode began on July 7, 2018, when the client was initially admitted to a community mental health clinic (CMHC), receiving counseling and family therapy sessions as an outpatient. This episode ended on November 18, 2018, when the client was transferred to a psychiatric hospital. This transfer admission became the start of the second episode, which ended on March 3, 2019, when the client was discharged from the hospital and got transferred to a CMHC. This transfer resulted in the third episode, which ended on June 16, 2019.

Figure 1. General scenario of sequential receipt of services



** Source: General scenario of sequential receipt of services, Combined Substance Use and Mental Health TEDS State instruction Manual, SAMHSA, 4/30/2022*

3.3 BHSD Submission Universe

A BHSD dataset should include all treatment episodes served during the reporting period, including episodes that started or ended during the reporting period and those remaining open at the end of the reporting period.

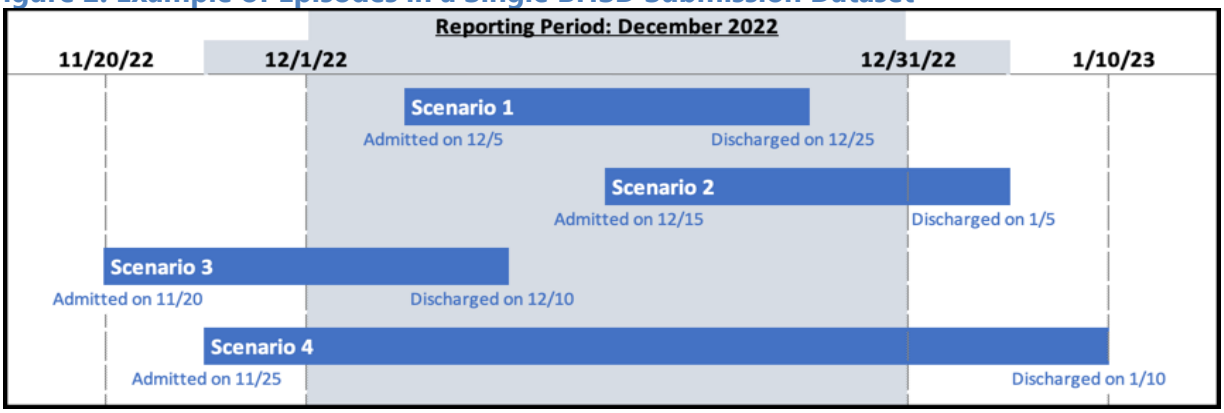
For example, if a provider submits BHSD for the month of December 2022 in a CSV format via the Gateway, the file should include:

1) All episodes of clients admitted between December 1st and December 31st of 2022;
2) All episodes of clients discharged between December 1st and December 31st of 2022; and
3) All open episodes of clients who have not yet been discharged as of December 31st 2022.

An individual record in this file would meet one of the following four conditions:

1) An episode that started and ended during the same reporting period (e.g., admitted and discharged in December 2022);
2) An episode that started during the reporting period and remains open at the end of the reporting period (e.g., admitted in December 2022 and in active treatment as of December 31, 2022);
3) An episode that started before the reporting period and ended during the reporting period (e.g., admitted before December 2022 and ended in December 2022); or
4) An episode that started before the reporting period and remains open at the end of the reporting period (e.g., admitted before December 2022 and continues to be in active treatment as of December 31, 2022).

Figure 2. Example of Episodes in a Single BHSD Submission Dataset



In the example above, records falling in scenario 3 or 4 must have been included in the November 2022 submission in addition to the December 2022 submission. Likewise, records of scenario 2 or 4 will be included in the January 2023 submission following the December 2022 submission. Episodes crossing multiple reporting periods should have their information updated in each reporting period. This will allow information about a client remaining in a long-term treatment to be regularly updated and reported to DBH.

Some of the client information may be collected at admission only and others may be collected at discharge only. Some information may be updated throughout the treatment episode. In fact, SAMHSA requires states to report the discharge information separately from the admission information. States are also required to report open episodes with no discharge date at the end of the reporting period as update records.

BHSD considers these requirements by associating certain data fields with admission vs. discharge. However, many data fields will have no distinction. Instead, the information submitted for the admission reporting period will be considered admission data, whereas the information submitted for the discharge reporting period will be regarded as discharge data. For an episode that started and ended during the

same reporting period (i.e., scenario 1 above), the information submitted will be considered applicable to both admission and discharge. For an open episode admitted in a previous reporting period (i.e., scenario 4 above), the submitted information will be treated as updated.

The same framework applies to submissions made via automated Application Programming Interface (API) services.

3.4 MH Episodes vs. SUD Episodes

The BHSD requires both MH and SUD treatment records to be reported in a single format. Therefore, all providers, regardless of the treatment setting, are required to have the same reporting responsibilities for all BHSD data fields. However, certain data fields (e.g., Substance Use) may apply to SUD treatment records only, and others (e.g., SMI/SED) may apply to MH treatment records only. Therefore, data fields applicable to SUD records will only be allowed to be skipped or marked as *Not Applicable* for MH records, and vice versa. Most data fields are pertinent to both treatment settings, and providers are encouraged to monitor and report clients' co-occurring conditions whenever possible, regardless of the treatment setting.

The District's BHSD is designed to promote whole-person care (WPC) and integrated services, from screening, assessment, and diagnosis to treatment services, regardless of whether the client presents MH problems or SUD problems. It is the best practice and the District's vision to serve the whole person for the best health outcomes, irrespective of the immediate reason for admission to a specific treatment program.

Additionally, the simplified framework will reduce the reporting burden among providers by requiring them to submit one single dataset per reporting period in a standardized format.

3.5 BHSD Submission and Resubmission Requirements

Upon processing the submitted BHSD, the Gateway will validate each data field and each record. The validation results will be available and viewable via authorized access to the Gateway. Providers will then take corrective actions for any erroneous data in the source of the error, including their EHR systems or coding, and resubmit the entire dataset.

Providers must submit BHSD no less than monthly within ten (10) calendar days from the last day of the reporting period. Providers must resubmit the entire BHSD dataset after taking corrective actions if the initial submission includes any failed records. Until a resubmission file is free of failed records, the provider will be considered non-compliant with the BHSD submission requirement for the respective reporting period.

These standards apply to all DBH-certified providers regardless of their specialized service type and data submission method. DBH reserves the right to amend the reporting frequency and timeline. DBH will notify providers of any changes to the submission and resubmission policy ninety (90) calendar days before the effective date.

Once providers submit valid BHSD, DBH will map the providers' data with each federal reporting framework per the federal reporting guidelines. (Refer to *2.5 Federal Reporting Requirements*).

3.6 BHSD Data Field Types

BHSD includes eighty-six (86) data fields: seven (7) key fields, thirty-four (34) required fields, and forty-five (45) optional fields. This section describes each field type's importance and key characteristics, along with examples. The requirements and acceptable values for each data element will be presented in *Chapter 4 BHSD Layout*.

3.6.1 Key Field

A key field is a data field that contains information unique to a record, separating that record from all other records within a dataset or a database. In BHSD, a combination of key fields will identify a unique episode record, which is also a unit for federal reporting. The key fields link the same treatment episode across multiple datasets. Thus, each record must have valid values for all key fields. Otherwise, the record cannot be recognized as a valid record.

BHSD has seven key fields: Client ID, Collateral, Admission Date, Record Type, Treatment Setting, Discharge Date, and Date of Last Contact or Data Update. The Discharge Date will be defined as a key field and will fail the entire record if it has an invalid value when it's present. However, it will be assumed that an active episode that has not ended will not have any value in the Discharge Date field. A *Null* value in Discharge Date will not trigger an error unless other conditional fields indicate that the service episode may have ended.

3.6.2 Required Field

A required field is a field that is necessary for a provider to submit a valid value. Collecting and reporting data in these required fields are necessary for DBH to ensure compliance with federal reporting requirements and to monitor the service quality and client outcomes.

Some of the data fields in this category may be compared with data submitted by other providers or other systems so DBH can monitor the data integrity and perform crosswalk analysis for the same clients. Missing or invalid values in the required fields will affect the data quality significantly and will make the respective record fail to be processed as valid.

Examples of required fields include but are not limited to First Name, Last Name, DOB, Gender, Race, Ethnicity, Discharge Reason, Living Arrangement, Education, Martial Status, Employment, Number of Arrests Prior to Admission, Primary SU, Primary SU/MH Diagnosis, SMI/SED Status.

3.6.3 Optional Field

Providers are not required to report data for optional fields but are strongly encouraged to collect or prepare to collect in the near future. Valid data collected in these fields will be helpful for both the federal government and the District to understand better the population and services rendered by the behavioral health care providers, contributing to improving the policy and shaping the best practice models. In addition, some of the currently optional fields may become required in the future as the federal guidelines or the District's policy changes.

Missing or invalid values in the optional fields will affect the data quality but will not fail the record or prevent processing. The Gateway validates data provided in these optional fields, and DBH will monitor the data quality of these data fields.

Examples of optional fields include but are not limited to Service request date, Number of Prior SUD Treatment Episodes, Address, Health Insurance, Income source, Secondary or Tertiary SUD, and Non-BH Diagnosis.

3.7 Data Validation Framework

Upon receiving the submitted dataset from a provider, the Gateway runs a data validation process to identify any errors for each data element, such as missing value, invalid value, or data inconsistency. The Gateway displays the error category (reason), a message describing the reason in detail, and the error type (severity) determined according to the type of the data field (i.e., key field, required field or optional field). The error type determines whether the respective record is passed as a valid record or not. Any record that did not pass needs to be corrected and resubmitted.

3.7.1 Error Category (Reason)

Every error will be categorized as one (or more) of the following reasons, and the validation result will display a concrete message describing a specific reason for the error.

1) **Missing value**: This error occurs when a value is missing (*Null*) in a key field or a required field. An optional field with *Null* value will not be considered an error.
2) **Invalid value**: This error occurs when the value is not one of the allowed values as instructed in the Guide. All optional fields, in addition to key fields and required fields, are subject to this error category when a value is present.
3) **Invalid format**: This error occurs when a field violates a specific formatting rule.
4) **Invalid field length**: This error occurs when a non-numeric field requiring a specific number of characters violates the rule by exceeding the allowed maximum length or being shorter than the required minimum length.
5) **Data inconsistency**: This error occurs when the value of the field conflicts with the value of a related field.

3.7.2 Error Type (Severity)

An error type is determined for each data field and corresponds to the type of the data field where the error occurred.

1) **Fatal error**: an error associated with a key field. A record with (a) fatal error(s) fails to be processed as valid.
2) **Critical error** - An error associated with a required field. A record with (a) critical error(s) fails to be processed as valid.
3) **Warning** - An error associated with an optional field. A record with (a) warning(s) only without any critical or fatal error will be processed as valid.

3.7.3 Validation Result (Pass vs. Fail)

Each record will be determined as a valid record, marked “Pass”, or an invalid record, marked “Fail”, based on the validation result of data fields in the respective record.

Pass

A Pass record has no fatal or critical errors in key or required fields. A Pass record may still have (a) warning(s) associated with (an) optional field(s) but will be considered valid if there are no errors on a key

field or required field. Any data field(s) with (a) warning(s) for a Pass record should be reviewed and corrected for resubmission whenever possible.

Fail
A Fail record has (a) fatal or critical error(s) in one or more key fields or required fields. A record with (a) fatal or critical error(s) is not considered valid. The provider must review all fatal and critical errors associated with a Fail record and take necessary corrective actions to resubmit the entire data fields of those records. A Fail record may also have warnings associated with (an) optional field(s), and those data fields with warnings should also be reviewed and corrected for resubmission whenever possible.

3.7.4 Correction of Errors and Resubmission

The Gateway does not allow direct editing or updating records on the user interface. Any records with failures or warnings must be corrected in the Provider's source system (i.e., EHR) or queries/coding that constructed the BHSD dataset. A new submission dataset must be generated and uploaded with the corrections.

This means that a provider may have to make multiple submissions for a particular reporting period. Any submission with failed records will remain available for review in the Gateway but will not be processed as a valid BHSD submission dataset.

Each new submission must have a complete dataset that includes all episodes for the given reporting period. A resubmission file cannot be a subset that includes only previously failed records.
For example, if a provider has one hundred (100) episode records for a given period, and the initial submission had fatal or critical errors in ten (10) records, a subsequent submission dataset with corrections must contain all one hundred (100) records that were included in the initial submission unless the initial submission contained invalid episodes.

4 BHSD Layout

4.1 File Header (File Information)

Each dataset will have the following information describing the character of each submission file. Some elements will be auto-assigned by the Gateway, some elements will be auto-populated based on the information supplied and confirmed by the provider, and others will be filled by an approved individual responsible for submitting the datasets to the Gateway.

Table 7. Key Information of Transaction Files

File Header Name	Alias	Notes
Provider Gateway ID	Gateway ID	Unique identifier for providers submitting BHSD through the Gateway. It is assigned by the Gateway and is populated automatically on the Gateway based on the user's login information.
Provider Agency Name	Provider	Name of the provider agency as registered in the Gateway and confirmed by DBH and provider in advance.
Provider NPI	NPI	National Provider Identifier assigned to each health care service provider and is obtained through federal registration. If there is more than one NPI, the primary NPI will be applied. The NPI information is updated by the DBH administrator and is populated automatically on the Gateway based on the user's login information.
Reporting Period Start Date	Coverage Start Date	The first date of the BHSD reporting period, a time span for which a client received a treatment service included in the dataset.
Reporting Period End Date	Coverage End Date	The last date of the BHSD reporting period.
Data Extract Date	Effective Date	Date when BHSD data is generated from the provider's EHR system.
Submission Date and Time	Submission Date	Date and time when BHSD is submitted to the Gateway. It will be auto generated by the Gateway (US EST).
Submission Dataset Name	File Name	A combination of Gateway ID, Reporting Period End Date (yyyymmdd) and Submission Date (yyyymmdd) separated by underscores. For example, 100_20220831_20220910. It will be auto generated for a dataset collected via API service while a provider must name for a CSV file that is manually uploaded to the Gateway.

4.1.1 Computed or Auto-Generated Data

The following information will be generated per record from the Gateway upon processing data ingestion and validation.

Table 8. Information Computed or Generated from the Gateway

Name	Description	Notes
record_identifier	Record Identifier	The Gateway will compute a unique Record Identifier with each dataset by combining the following key fields: Client ID, Admission Date, Record Type and Treatment Setting, separated by underscores (e.g., *12345_20220801_M72*). No two records should share the same Record Identifier as the combination of these key fields will represent a unique service episode reported within the same dataset.
val_result	Validation Result	*Pass* or *Fail*. Refer to 3.7.3 Validation Result (Pass vs. Fail) for definitions and details.

4.1.2 Values Frequently Assigned to Multiple Fields

While each data field will have a unique set of valid values along with their corresponding codes, the following values will be allowed repeatedly in many data fields.

- *Prefer Not To Disclose (95)* – This value is used when the client/consumer indicated that she/he/they prefer not to disclose the specific information.
- *Not Applicable (96)* – This value is used when the client/consumer does not meet the criteria specific to the question.
- *Unknown (97)* – The provider collects this data element but indicates that the specific information of a particular client or record is unknown.
- *Not Collected (98)* – The provider's EHR or data collection system does not have a data field to capture the specific information for any clients/consumers.

4.2 Key Fields

Every record of each dataset must have the following key fields that define a unique record. These key fields will be used to validate the validity of each dataset and to identify the same treatment service episode when multiple datasets are linked. A record with a missing value in any of these key fields will result in a critical error and the record will fail to be processed as a valid record. One exception is applied to the Discharge Date field, which cannot be filled until the episode ends. When a Discharge Date is present, however, any errors associated with the field will result in a critical error.

Table 9. Key Fields Identified from Provider's EHR System

Field Name	Field Description	Type	Format	Length
client_id	Client ID	Key	Alphanumeric	15 or less
collateral	Codependent/Collateral	Key	Numeric	1
record_type	Record Type	Key	Alphabetic	1
admission_date	Admission Date (Treatment Service Start Date)	Key	Date	N/A
treatment_setting	Treatment Setting (Treatment Type, Modality or Level of Care)	Key	Numeric	2
discharge_date	Discharge Date (Treatment Service End Date)	Key	Date	N/A

Field Name	Field Description	Type	Format	Length
last_contact_date	Date of Last Contact or Data Update	Key	Date	N/A

4.2.1 Client ID

This is a unique client identifier (i.e., medical record number) generated by the provider's EHR system. This field identifies the client receiving treatment or the person participating in the treatment as the client's codependent (see instructions for Codependent/Collateral).

An SUD treatment client is a person who meets the following criteria:

- Has completed the screening and intake process and has been formally admitted for treatment or recovery service to an SUD treatment program. A person who has completed only a screening or intake process or has been placed on a waiting list is not a client.
- Has a client record.

An MH treatment client is a person who meets the following criteria:

- Has received MH services, including support services, screening, assessment or crisis services through publicly funded programs. Telemedicine services are included if they are provided to registered or identified clients. A person who has completed only a screening or intake process is considered a client and should be reported.
- Has a client record or can be identified in the provider's EHR.

Guidelines

- Client ID must be unique within the provider, assigned once to a single individual and used for all subsequent transactions involving that individual.

Validation Rules

- Field name: client_id
- Field type: key field
  - Any errors associated with this field result in a *fatal error, and the record will fail to be processed as a valid record*.
  - If this field is *Null*, the Validation Result indicates a *fatal error due to a missing value*.
- Field format: alphanumeric
  - If this field contains an invalid character other than an alphanumeric value, the Validation Result indicates a *fatal error due to a wrong format*.
- Field length: 15 or less
  - If the value is longer than 15 characters, the Validation Result indicates a *fatal error due to an invalid field length*.
- Acceptable value: numbers, letters or a combination of numbers and letters but all zero(s)
  - If the value of this field is all zeros, the Validation Result indicates a *fatal error due to an invalid value*.

4.2.2 Codependent/Collateral

This indicates whether treatment is for a primary substance use or arises from the client's relationship with someone with a substance use disorder.

Code	Value	Description/Note
1	*Codependent/Collateral*	Applicable to SUD treatment service provider only – Someone seeking services because of problems arising from his or her relationship with a substance user.
2	*Client*	Client receiving treatment for SUD or MH

Guidelines

- For MH reporting, use only *Client (2)* for field value.
- If a *Client* with an existing admission record becomes a *Codependent/Collateral*, a new admission record should be created. Conversely, a *Codependent/Collateral* who becomes a *Client* requires a new admission record as a *Client*.
- A record of *Codependent/Collateral* requires Client ID and Admission Date, and reporting of the remaining fields is optional. For all items not reported, the data field should be coded with *96 (Not Applicable)* or *98 (Not Collected)*.

Validation Rules

- Field name: collateral
- Field type: key field
  - Any errors associated with this field result in a *fatal error* and the record will fail to be processed as a valid record.
  - If this field is *Null*, the Validation Result indicates a *fatal error due to a missing value*.
- Field format and length: one (1) numeric character
- Acceptable value: *1* or *2*
  - If the value of this field is other than *1* or *2*, the Validation Result indicates a *fatal error due to an invalid value*.

4.2.3 Record Type

This field identifies whether a record represents MH/SUD initial admission or transfer admission.

Code	Value	Description/Note
A	*Initial Admission for SUD Treatment*	Initial admission to receive primarily substance use treatment services
T	*Transfer/change in SUD Service*	Includes a change in level of care within a single episode of SUD treatment with the same provider or a transfer to another treatment setting, including a short-term care.
M	*Initial Admission for MH Treatment*	Initial admission to receive primarily mental health treatment services
X	*Transfer/Change in MH Service*	Includes a change in level of care within a single episode of MH treatment with the same provider or a transfer to another treatment setting, including a short-term care.

Guidelines

- A transfer to another treatment setting is an admission resulting in a new separate episode record and its admission type should be reported as a transfer admission with Record Type of *T* for SUD service and *X* for MH service. For example, a transfer can be:

  - from one treatment setting (level of care) to another within a single episode of treatment with the same provider;
  - from one treatment setting to another within the same provider network; or
  - from one facility to another to receive short-term care, such as medical care.
- Not every billable service (e.g., group therapy, individual therapy, etc.) is considered an admission. If these services were delivered within a single treatment setting (e.g., outpatient), count only one of these records as an episode.
- Initial admission and transfer records for MH services (*M* and *X*, respectively) should be coded differently from initial admission and transfer records for SUD services (*A* and *T*, respectively).
- If Initial admissions and Transfers within one treatment episode cannot be identified in the provider's EHR system, all records should be reported as Initial admissions and it should be explained in writing to DBH.
- An SUD record, *A* or *T* in the Record Type, must have an associated SUD Treatment Setting codes (*1 - 8*) or *96 (Not Applicable)*.
- An MH record, *M* or *X* in the Record Type, must have an associated MH Treatment Setting codes (*72 - 77*).

Validation Rules

- Field name: record_type
- Field type: key field
  - Any errors associated with this field result in a *fatal error* and the record will fail to be processed as a valid record.
  - If this field is *Null*, the Validation Result indicates a *fatal error due to a missing value*.
- Field format and length: one (1) letter
- Acceptable value: *A, T, M* or *X* in upper case
  - If the value of this field is other than *A, T, M* or *X*, the Validation Result indicates a *fatal error due to an invalid value*.
- Related field: Treatment Setting (The below data validation rules will run in the Treatment Setting field, NOT in Record Type)
  - An SUD record, *A* or *T* in the Record Type, must have an associated SUD Treatment Setting codes (*1 - 8*) or *96 (Not Applicable)*. If the value of the Treatment Setting is a code assigned for an MH treatment (*72 - 77*) when the Record Type is *A* or *T*, the Validation Result of the Treatment Setting field indicates a *fatal error due to a data inconsistency.*
  - An MH record, *M* or *X* in the Record Type, must have an associated MH Treatment Setting codes (*72 - 77*). If the value of the Treatment Setting is a code assigned for an SUD treatment (*1 - 8*) or *96 (Not Applicable)* when the Record Type is *M* or *X*, the Validation Result of the Treatment Setting field indicates a *fatal error due to a data inconsistency.*

4.2.4 Admission Date (Treatment Service Start Date)

This field is the date when the client receives their first direct treatment or service if the Record Type is an *Initial Admission*. If the Record Type is a *Transfer*, this is the date when the client receives their first direct treatment in the new treatment setting/service program or new provider to which they transferred.

Guidelines

- If the Record Type is an *Initial Admission (A or M)*, this field indicates the date when the client receives his or her first direct treatment or service.

- If the Record Type is a *Transfer (T or X)*, this is the date when the client receives his or her first direct treatment in the new treatment setting.

Validation Rules

- Field name: admission_date
- Field type: key field
  - Any errors associated with this field result in a *fatal error* and the record will fail to be processed as a valid record.
  - If this field is *Null*, the Validation Result indicates a *fatal error due to a missing value*.
- Field format: Date (*MM/DD/YYYY* or *YYYY-MM-DD*)
  - If this field contains a value that is not recognized as a data format, Validation Result indicates a *fatal error due to wrong format*.
- Acceptable value: a valid date equal to or greater than January 1, 1920
  - If the value of this field is not a valid calendar date (e.g., February 30), Validation Result indicates a *fatal error due to an invalid value*.
  - If the value of this field is before *1/1/1920*, the Validation Result indicates a *fatal error due to an invalid value*.
- Related field: Discharge Date, Date of Last Contact or Data Update
  - Admission Date may be the same as Discharge Date but cannot be later. If Admission Date is later than Discharge Date, the Validation Result of the Discharge Date indicates a *fatal error due to a data inconsistency*.
  - Admission Date may be the same as Date of Last Contact or Data Update but cannot be later. If Admission Date is later than Date of Last Contact or Data Update, the Validation Result of the Date of Last Contact or Data Update indicates a *fatal error due to a data inconsistency*.

4.2.5 Treatment Setting (Treatment Type, Modality or ASAM Level of Care)

This field describes the treatment setting or the type of treatment service, in which the client is placed at the time of admission or transfer. Some providers may call it differently, such as treatment setting, modality or service type. SUD providers will use the American Society of Addiction Medicine (ASAM) CO-Triage and CONTINUUM tools to assess and document the level of care for individuals with substance use problems and report the results in this data field. The below chart displays the corresponding ASAM level of care for each treatment setting. If the provider's system has only ASAM level of care or classifies differently, the provider should map each value with the acceptable codes for the BHSD dataset below.

Code	Value	Description/Note	ASAM Level of Care
1	*Detoxification, 24-hour service, hospital inpatient*	24 hours per day medical acute care services in hospital setting for detoxification of persons with severe medical complications associated with withdrawal.	4-D and 3.7-D, medically managed or monitored inpatient detoxification
2	*Detoxification, 24-hour service, free-standing residential*	24 hours per day services in non-hospital setting providing for safe withdrawal and transition to ongoing treatment.	3.2-D, clinically managed residential detoxification or social detoxification
3	*Rehabilitation/residential - hospital (other than detoxification)*	24 hours per day medical care in a hospital facility in conjunction with treatment services for alcohol and other drug use and dependency.	4 and 3.7, medically managed or monitored intensive inpatient treatment

Code	Value	Description/Note	ASAM Level of Care
4	*Rehabilitation/residential - short term (30 days or fewer)*	Typically, 30 days or fewer of non-acute care in a setting with treatment services for alcohol and other drug use and dependency.	3.5, clinically managed high-intensity residential treatment, typically 30 days or less
5	*Rehabilitation/residential - long term (more than 30 days)*	Typically, more than 30 days of non-acute care in a setting with treatment services for alcohol and other drug use and dependency; may include transitional living arrangements such as halfway houses.	3.3 and 3.1, clinically managed medium- or low-intensity residential treatment, typically more than 30 days
6	*Ambulatory - intensive outpatient*	At a minimum, treatment lasting two or more hours per day for 3 or more days per week.	2.5, 20 or more hours per week
7	*Ambulatory - non-intensive outpatient*	Ambulatory treatment services including individual, family and/or group services; may include pharmacological therapies.	1, outpatient treatment, non-intensive
8	*Ambulatory - detoxification*	Outpatient treatment services providing for safe withdrawal in an ambulatory setting (pharmacological or non-pharmacological).	1-D and 2-D, ambulatory detoxification
72	*State psychiatric hospital*	All SMHA-funded and SMHA-operated organizations operated as hospitals that provide primarily inpatient care to persons with mental illnesses from a specific geographical area and/or statewide.	N/A
73	*SMHA funded/operated community-based program*	Include community mental health centers (CMHCs), outpatient clinics, partial care organizations, partial hospitalization programs, PACT programs, consumer run programs (including Club Houses and drop-in centers), and all community support programs (CSP).	N/A
74	*Residential treatment center*	An organization, not licensed as a psychiatric hospital, whose primary purpose is the provision of individually planned programs of mental health treatment services in conjunction with residential care for children and youth, and in some cases, adult care.	N/A
75	*Other psychiatric inpatient*	A private provider or medical provider licensed and/or contracted through the SMHA.	N/A
76	*Institutions under the justice system*	MH services provided in a jail, prison, juvenile detention center, etc.	N/A
77	*MH Assessment/Screening*	MH assessments, evaluation, or screening only.	N/A
96	*Not Applicable*	Use only for codependents or collateral clients (SA).	N/A

ASAM Level for Adult & Adolescent

ASAM Level	Adolescent	Adult	Note
0.5	Early Intervention	Early Intervention	Assessment and education for at-risk individuals who do not meet diagnostic criteria for substance use disorder.
1	Outpatient Services	Outpatient Services	Less than 9 hours of services/week (adult); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/strategies.
2.1	Intensive Outpatient Services	Intensive Outpatient Services	9 or more hours of services/week (adults); 6 or more hours/week (adolescents) to treat multidimensional instability.
2.5.	Partial Hospitalization Services	Partial Hospitalization Services	20 or more hours of service/week for multidimensional instability not requiring 24-hour care.
3.1	Clinically Managed Low-intensity Residential Services	N/A	24-hour structure with available trained personnel; at least 5 hours of clinical service/week.
3.3	N/A	Clinically Managed Population-Specific High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger; less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community.
3.5	Clinically Managed Medium-intensity Residential	Clinically Managed High-intensity Residential	24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment; able to tolerate and use full active milieu or therapeutic community.
3.7	Medically Monitored High-intensity Inpatient	Medically Monitored Intensive Inpatient	24-hour nursing care with physician availability for significant problems in Dimensions 1, 2 or 3; sixteen hour/day counselor ability.
4	Medically Managed Intensive Inpatient	Medically Managed Intensive Inpatient	24-hour nursing care and daily physician care for severe, unstable problems in Dimensions 1, 2 or 3; counseling available to engage patient in treatment.

Guidelines

- Codes 1 through 8 of Treatment Setting must be used for an SUD record, coded as *A (Initial Admission for SUD Treatment)* or *T (Transfer in SUD Service)* in Record Type.
- Codes 72 through 77 in Treatment Setting must be used for an MH record, coded as *M (Initial Admission for MH Treatment)* or *X (Transfer in MH Service)*.
- *Not Applicable (96)* in this field should be used only for *Codependents or Collateral (1)* in the Codependent/Collateral data.

Validation Rules

- Field name: treatment_setting
- Field type: key field
    - Any errors associated with this field result in a *fatal error* and the record will fail to be processed as a valid record.
    - If this field is *Null*, the Validation Result indicates a *fatal error due to a missing value*.
- Field format: one (1) or two (2) digit numeric character

- Acceptable value: *1 - 8, 72 - 77 or 96*
    - If the value of this field is other than one of the one of the assigned values (: *1 - 8, 72 - 77* or *96*), the Validation Result indicates a *fatal error due to an invalid value*.
- Related field: Record Type, Codependent/Collateral
    - An SUD record, *A* or *T* in the Record Type, must have an associated SUD Treatment Setting codes (*1 - 8*) or *96 (Not Applicable)*. If the value of the Treatment Setting is a code assigned for an MH treatment (*72 - 77*) when the Record Type is *A* or *T*, the Validation Result indicates a *fatal error due to a data inconsistency.*
    - An MH record, *M* or *X* in the Record Type, must have an associated MH Treatment Setting codes (*72 - 77*). If the value of the Treatment Setting is a code assigned for an SUD treatment (*1 - 8*) or *96 (Not Applicable)* when the Record Type is *M* or *X*, the Validation Result indicates a *fatal error due to a data inconsistency.*
    - If the value of this field is *96 (Not Applicable)* while the Codependent/Collateral indicates *2 (Client)*, the Validation Result indicates a *fatal error due to a data inconsistency*.

4.2.6 Discharge Date (Treatment Service End Date)

This field indicates the date when the client/consumer was formally discharged from the treatment facility, service or program.

Guidelines

- For SUD clients, a treatment episode may be assumed to have ended if the client has not received a treatment service in three (3) business days in the case of inpatient or residential treatment, or thirty (30) calendar days in the case of outpatient treatment.
- For MH clients, the episode needs to be terminated if the client has not received a treatment service for one-hundred and eighty (180) days per *DBH Policy 525.2, Discharge of Adult Consumers from a CSA*.
- The Discharge Date field should remain *Null* for a treatment episode that did not end during the reporting period.

Validation Rules

- Field name: discharge_date
- Field type: key field
    - Any errors associated with this field result in a *fatal error* and the record will fail to be processed as a valid record.
- Field format: Date (*MM/DD/YYYY* or *YYYY-MM-DD*)
    - If this field contains a value that is not recognized as a data format when the value is present, the Validation Result indicates a *fatal error due to wrong format*.
- Acceptable value: a valid date equal to or greater than January 1, 1920
    - If the value of this field is not a valid calendar date (e.g., February 30), Validation Result indicates a *fatal error due to an invalid value*.
    - If the value of this field is before *1/1/1920*, the Validation Result indicates a *fatal error due to an invalid value*.
- Related field: Admission Date, Reporting Period End Date, Date of Last Contact or Data Update, Discharge Reason
    - The Discharge Date may be the same as the Admission Date but cannot be earlier. If the Discharge Date is earlier than the Admission Date, the Validation Result indicates a *fatal error due to a data inconsistency*.

- The Discharge Date may be the same as the Reporting Period End Date but cannot be later. If the Discharge Date is later than the Reporting Period End Date, the Validation Result indicates a *fatal error due to a data inconsistency*.
- The Discharge Date may be the same as the Date of Last Contact or Data Update but cannot be earlier. If the Discharge Date is earlier than the Date of Last Contact or Data Update, the Validation Result indicates a *fatal error due to a data inconsistency*.
- The Discharge Date must be present if the Discharge Reason field has a valid value. If the Discharge Date is *Null* while the Discharge Reason field has a valid value, the Validation Result indicates a *fatal error due to a data inconsistency*.

4.2.7 Date of Last Contact or Data Update

This field indicates the date of a client's last treatment service for a discharge record or the most recent date when the data was updated if the treatment service has not ended yet. For a discharge record, the Date of Last Contact more accurately reflects the length of time the client is engaged in treatment.

Guidelines

- For an active record with no Discharge Date, Date of Last Contact or Data Update may be the same as Admission Date but cannot be earlier.
- For a record with a Discharge Date, Date of Last Contact may be the same as Discharge Date or earlier than Discharge Date.

Validation Rules

- Field name: last_contact_date
- Field type: key field
  - Any errors associated with this field result in a *fatal error* and the record will fail to be processed as a valid record.
  - If this field is *Null*, the Validation Result indicates a *fatal error due to a missing value*.
- Field format: Date (*MM/DD/YYYY* or *YYYY-MM-DD*)
  - If this field contains a value that is not recognized as a data format, the Validation Result indicates a *fatal error due to wrong format*.
- Acceptable value: a valid date
  - If the value of this field is not a valid calendar date (e.g., February 30), Validation Result indicates a *fatal error due to an invalid value*.
- Related field: Admission Date, Discharge Reason
  - The Date of Last Contact or Data Update may be the same as the Admission Date but cannot be earlier. If the Date of Last Contact or Data Update is earlier than the Admission Date, the Validation Result indicates a *fatal error due to a data inconsistency*.
  - The Date of Last Contact or Data Update may be the same as the Discharge Date but cannot be later. If the Date of Last Contact or Data Update is later than the Discharge Date, the Validation Result indicates a *fatal error due to a data inconsistency*.

4.3 Client Demographics

4.3.1 Summary

This section contains the basic demographic information of every client/consumer known to the respective provider. Values in these data fields should be consistent for the same client that may have

more than one episode in the same dataset. Each record will have a unique identifier Client ID generated by the provider's EHR system and no client with a Client ID will be accepted as a client record.

Table 10. Data Fields for Client Demographics

Field Name	Field Description	Type	Format	Length
client_ID	Client ID	Key	alphanumeric	15 or less
first_name	First Name	R	string	50
middle_name	Middle Name	O	string	50
last_name	Last Name	R	string	50
suffix	Suffix	O	string	20
first_name_alt	Alternate First Name (Alias)	O	string	50
last_name_alt	Alternate Last Name	O	string	50
ssn	Social Security Number	O	numeric	9
dob	Date of Birth	R	Date	N/A
gender	Gender	R	numeric	2
sexual_orientation	Sexual Orientation	O	numeric	2
race	Race	R	numeric	2
ethnicity	Hispanic or Latino Origin (Ethnicity)	R	numeric	2
primary_language	Primary Language	R	numeric	2

4.3.2 Name Fields

This is the name of the client/consumer or codependent/collateral.

Guidelines

- The First Name, Middle Name, Last Name and Suffix should be reported in separate data fields.
- The First Name and Last Name fields are required while the Middle Name and Suffix fields are optional.
- Names should be spelled exactly how the clients identify or how they are spelled in their identification cards. If they do not match, use the First Name and Last Name fields for the legal name in an official document while adding the different name in the Alternate First Name and Alternate Last Name fields, which can be used to document an alias, nickname or previously used name.
- If the client's name is not identified at the time of admission, please use *John Doe, Jane Doe, Unknown* or any nickname indicated or used by the client or a clinician.

Validation Rules for First Name and Last Name

- The First Name and Last Name are separate data fields but share the same validation rules.
- Field name: first_name, last_name
- Field type: required
    - If this field is *Null*, the Validation Result indicates a *critical error due to a missing value*.
- Recommended field format and length: 50 or fewer alphabet characters, including a hyphen (-), apostrophe ('), or a single space between characters.
- Acceptable value: letters in upper case, lower case, or a mix, including special characters.

Validation Rules for Middle Name

- Field name: middle_name
- Field type: optional
    - This field can remain *Null*.
- Recommended field format and length: 50 or fewer alphabet characters, including a hyphen (-), apostrophe (’), or a single space between characters.
- Acceptable value: letters in upper case, lower case, or a mix, including special characters.

Validation Rules for Suffix

- Field name: suffix
- Field type: optional
    - This field can remain *Null*.
- Recommended field format and length: 10 or fewer alphabet characters, including a hyphen (-), apostrophe (’), or a single space between characters.
- Acceptable value: letters in upper case, lower case, or a mix, including special characters.

4.3.3 Alternate Name Fields (Alternate First Name & Alternate Last Name)

The Alternate First Name and Alternate Last Name fields can be used to document an alias, nickname or previously used name different from the legal name.

Guidelines

- The Alternate First Name and Alternate Last Name should be reported in separate data fields.

Validation Rules

- The Alternate First Name and Alternate Last Name are separate data fields but share the same validation rules.
- Field name: first_name_alt, last_name_alt
- Field type: optional
    - This field can remain *Null*,
- Recommended field format and length: 50 or fewer alphabet characters, including a hyphen (-), apostrophe (’), or a single space between characters.
- Acceptable value: letters in upper case, lower case, or a mix, including special characters.

4.3.4 Social Security Number (SSN)

This is a nine (9) digit number as assigned by the Social Security Administration (SSA) that identifies a client. SSN will be used to identify and map the client record with other datasets. It will also de-duplicate clients by identifying clients who may share the same name. It is recommended that SSN is collected and reported for all clients when possible but is not a required field for BHSD.

Guidelines

- If SSN is not available, this field should remain *Null*.
- It must be a valid SSN as defined by SSA when the value is present.

Validation Rules

- Field name: ssn
- Field type: optional
    - This field can remain *Null*.

    - Any errors associated with this field when the value is present will result in a *warning*.
- Field format and length: Nine (9) digit numeric field, including a leading zero(s) and excluding a hyphen (-)
    - If this field contains an invalid character (other than a numeric character of 0 - 9) in any position, the Validation Result indicates a *warning due to wrong format*.
    - If the value is shorter than or longer than 9 characters, the Validation Result indicates a *warning due to an invalid field length*.
- Acceptable value: a valid SSN number. Any value meeting the below criteria will result in a *warning due to an invalid value*.
    - All digits of the same number (e.g., 000000000 or 999999999)
    - 9 sequential ascending or descending numbers (e.g., 123456789 or 987654321)
    - The first number is 9.
    - The first 3 numbers are '000' or '666.'
    - The last 4 numbers are '0000.'
    - The 5th and 6th numbers from the right are '00.'

4.3.5 Date of Birth

This field will be used to calculate the age of the client at admission or at any reference date. This is a required field for all records.

Guidelines

- If the client's Data of Birth is unknown at the time of reporting, use *code 01/01/0009* for Unknown.

Validation Rules

- Field name: dob
- Field type: required
    - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
    - If this field is *Null*, the Validation Result indicates a *critical error due to a missing value*.
- Field format: Date (*MM/DD/YYYY* or *YYYY-MM-DD*)
    - If this field contains a value that is not recognized as a data format, the Validation Result indicates a *fatal error due to wrong format*.
- Acceptable value: a valid calendar date or *01/01/0009* for unknown or a calculated age of <=150 years at time of admission
    - If the value of this field is not a valid calendar date *(e.g., February 30)*, the Validation Result indicates a *critical error due to an invalid value*.
    - If the Date of Birth is a valid value but gives a calculated age of > 150 years at the time of admission, the Validation Result will display a *critical error due to an invalid value*.
- Related field: Admission Date, Age at First Use (Primary, Secondary, and Tertiary)
    - If the Date of Birth is later than the current date or Admission Date, the Validation Result indicates a *critical error due to a data inconsistency*.
    - Date of Birth is used to calculate the age at admission, which must be equal to or greater than Age at First Use (Primary, Secondary, and Tertiary). If not, the Validation Result indicates a *warning due to a data inconsistency* in the respective Age at First Use field while the Date of Birth will remain valid unless it violates any other rules.

4.3.6 Gender

This field identifies the client's self-identified gender.

Code	Value	Description/Note
1	*Male*	Identifies as male person
2	*Female*	Identifies as female person
3	*Female-to-Male*	Transgender male
4	*Male-to-Female*	Transgender female
5	*Transgender, Not Specified*	Identifies only as transgender person
6	*Non-conforming Gender*	Genderqueer; Identifies as neither exclusively male nor female, non-binary gender
95	*Prefer Not to Disclose*	The client refused to disclose
97	*Unknown*	Individual client value is unknown
98	*Not Collected*	Provider does not collect this information at all

Guidelines

- If data on transgender clients is collected, use the corresponding code. If not and your system collects information on only biological sex, use codes 1-2.

Validation Rules

- Field name: gender
- Field type: required
  - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
  - If this field is *Null*, the Validation Result indicates a *critical error due to a missing value*.
- Field format: one (1) or two (2) digit numeric character
- Acceptable value: *1,2,3,4,5,6, 95, 97 or 98*
  - If this field contains an invalid value (other than *1,2,3,4,5,6, 95, 97 or 98*), the Validation Result indicates a *critical error due to an invalid value*.
- Related field: Pregnant at Admission
  - If the Gender is *Male (1)*, then the Pregnant at Admission must be *Not Applicable (96).* Otherwise, the Validation Result of Pregnant at Admission data field indicates a *warning due to a data inconsistency* while the Gender will remain valid unless it violates any other rules.

4.3.7 Sexual Orientation

This field indicates sexual orientation as stated by a client.

Code	Value	Description/Note
1	*Lesbian, gay or homosexual*	A person attracted to members of the same gender.
2	*Straight or heterosexual*	A person attracted to members of the opposite gender.
3	*Bisexual*	A person attracted to more than one sex/gender.
4	*Something else*	
95	*Prefer Not to Disclose*	Information is not provided
97	*Unknown*	Individual client value is unknown

Code	Value	Description/Note
98	*Not Collected*	Provider does not collect this information at all

Guidelines

- Do not collect for children under age ten (10) and report *Prefer Not to Disclose (95)*.

Validation Rules

- Field name: sexual_orientation
- Field type: optional
  - This field can remain *Null*.
  - Any errors associated with this field, when a value is present, will result in a *warning*.
- Field format: one (1) or two (2) digit numeric character
- Acceptable value: *1,2,3,4,5,6, 95, 97 or 98*
  - If this field contains an invalid value (other than *1,2,3,4,5,6, 95, 97 or 98*), the Validation Result indicates a *warning due to an invalid value*.

4.3.8 Race

This field identifies the client's race. This is a required field for all datasets.

Code	Value	Description/Note
1	*Alaskan Native (Aleut, Eskimo)*	A person having origins in any of the original peoples of Alaska. This category may be reported if available.
2	*American Indian/Alaska Native*	A person having origins in any of the original peoples of North America and South America (including Central America and the original peoples of Alaska) and who maintains tribal affiliation or community attachment. Providers collecting Alaska Native should use this category for all other American Indians.
3	*Asian or Pacific Islander*	A person having origins in any of the original peoples of the Far East, the Indian subcontinent, Southeast Asia, or the Pacific Islands. This category may be used only if a provider does not collect Asian and Native Hawaiian or Other Pacific Islander separately.
4	*Black or African American*	A person having origins in any of the black racial groups of Africa.
5	*White*	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
13	*Asian*	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
20	*Other Single Race*	Use this category for instances in which the client is not identified in any category above or whose origin group, because of area custom, is regarded as a racial class distinct from the above categories.
21	*Two or More Races*	Use this code when the system allows multiple race selection, and more than one race is indicated.
23	*Native Hawaiian or Other Pacific Islander*	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Code	Value	Description/Note
97	*Unknown*	Individual client value is unknown.
98	*Not Collected*	Provider does not collect this field.

Guidelines

- If the provider's system includes *Hispanic or Latino* as a selection category in the Race field, all reported Hispanic or Latino should be coded as *97 (Unknown)* for their Race while their Hispanic or Latino Origin (Ethnicity) value should correspondingly be coded as *6 (Hispanic or Latino), origin not specified*.

Validation Rules

- Field name: race
- Field type: required
  - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
  - If this field is *Null*, the Validation Result indicates a *critical error due to a missing value*.
- Field format: one (1) or two (2) digit numeric character
- Acceptable value: *1,2,3,4,5,13,20,21,23, 97 or 98*
  - If this field contains an invalid value (other than *1,2,3,4,5,13,20,21,23, 97 or 98)*, the Validation Result indicates a *critical error due to an invalid value*.

4.3.9 Ethnicity

This field identifies the Hispanic or Latino origin the client associates with (e.g., Mexican, Puerto Rican, Cuban, Central American, or South American, or other Spanish origin or descent, regardless of race). Hispanic denotes a place of origin or cultural affiliation rather than a race (i.e., a person can be both white and Hispanic or black and Hispanic and so on).

Code	Value	Description/Note
1	*Puerto Rican*	A person from Puerto Rican descent
2	*Mexican*	A person from Mexican or South American descent.
3	*Cuban*	A person from Cuban descent.
4	*Other specific Hispanic or Latino*	A person of Cuban, Mexican, Puerto Rican, South or Central or other Spanish origin.
5	*Not of Hispanic or Latino origin*	A person who identifies as being not of Hispanic heritage
6	*Hispanic or Latino, Not Specified*	Specific origin not specified
97	*Unknown*	Individual client value is unknown
98	*Not Collected*	Provider does not collect this information at all

Guidelines

- If a provider collects Hispanic or Latino origin as "Yes/No," use *6 (Hispanic or Latino, Not Specified)* for a "Yes" response.
- If a provider collects Hispanic or Latino origin as a "Race" category, then Hispanic or Latino Origin (Ethnicity) should be coded as *6 (Hispanic or Latino, Not Specified)* and Race should be coded as *97 (Unknown)*.

Validation Rules

- Field name: ethnicity
- Field type: required
    - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
    - If this field is *Null*, the Validation Result indicates a *critical error due to a missing value*.
- Field format: one (1) or two (2) digit numeric character
- Acceptable value: *1,2,3,4,5,6, 97* or *98*
    - If this field contains an invalid value (other than *1,2,3,4,5,6, 97* or *98),* the Validation Result indicates a *critical error due to an invalid value*.

4.3.10 Primary Language

This field indicates the primary speaking language of the client as used in the home.

Code	Value	Description/Note
1	*English*	
2	*Amharic*	
3	*Arabic*	
4	*Chinese*	Mandarin, Cantonese or other dialect
5	*French*	
6	*German*	
7	*Hebrew*	
8	*Hindi*	One of the two official languages of the Government of India
9	*Italian*	
10	*Korean*	
11	*Spanish*	Includes all regional varieties and dialects
12	*Tagalog*	National language of the Philippines
13	*Urdu*	Official language of Pakistan
14	*Vietnamese*	
95	*Other*	Any other language specified but not listed above
97	*Unknown*	Individual client value is unknown
98	*Not Collected*	Provider does not collect this information at all

Validation Rules

- Field name: primary_language
- Field type: required
    - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
    - If this field is *Null*, the Validation Result indicates a *critical error due to a missing value*.
- Field format: one (1) or two (2) digit numeric character(s)
- Acceptable value: *1 - 14, 95, 97* or *98*
    - If this field contains an invalid value (other than *1 - 14, 95, 97* or *98*), the Validation Result indicates a *critical error due to an invalid value*.

4.4 Service Episode

4.4.1 Summary and Data Fields

This section includes data fields related to a treatment service period, defined as an episode, from admission (initial admission or transfer) to discharge, in which a client is served in the same Treatment Setting by the same provider agency. Some data fields in this section are key fields and their requirements and rules are described in the key field section above.

Table 11. Data Fields for Service Episode

Field Name	Field Description	Type	Format	Length
admission_id	Admission ID (Episode ID)	O	alphanumeric	15
admission_date	Admission Date	Key	Date	N/A
treatment_setting	Treatment Setting (Treatment Type, Modality or Level of Care)	Key	numeric	2
discharge_date	Discharge Date	N/A	Date	N/A
last_contact_date	Date of Last Contact or Data Update	Key	Date	N/A
discharge_reason	Discharge Reason	R (Cond)	numeric	2
service_request_date	Date of First Contact or Request for Service	O	Date	N/A
num_of_prior_su_episodes	Number of Prior SUD Treatment Episodes	R	numeric	2
referral_source	Referral Source	R	numeric	2
criminal_justice_referral	Detailed Criminal Justice Referral	O	numeric	2
primary_payment_source	Primary Payment Source (Expected or Actual)	O	numeric	2
health_insurance	Health Insurance	O	numeric	2
medicaid_id	Medicaid ID	O	numeric	8
arrests_past_30days_admission	Number of Arrests in Past 30 Days at Admission	R	numeric	2
arrests_past_30days_discharge	Number of Arrests in Past 30 Days at Discharge	R (Cond)	numeric	2
self_help_group_admission	Attendance at Self-Help Groups in Past 30 Days at Admission	O	numeric	2
self_help_group_discharge	Attendance at Self-Help Groups in Past 30 Days at Discharge	R (Cond)	numeric	2

4.4.2 Admission ID (Episode ID)

A provider's system may have a unique identifier for a single service admission, generated for each initial admission or a transfer as defined in 3.2.2 Admission Type: Initial Admission vs. Transfer. A client may have multiple service admission records during the same reporting period and each admission will have a different admission ID.

Guidelines

- Some EHR systems may have multiple episodes linked with one admission. If the definition of admission in your EHR system is the same as the definition of admission in BHSD, report a unique identifier for the admission record in this field. If the definition of an episode in your EHR system is the same as the definition of admission in BHSD, report a unique identifier for the episode as Admission ID. If neither admission nor episode defined in your EHR system is the same as the definition of an admission in BHSD, or your system doesn't have a system-generated unique identifier, you may skip this field.

Validation Rules

- Field name: admission_id
- Field type: optional
  - This field can remain *Null*.
  - Any errors associated with this field, when a value is present, will result in a *warning*.
- Field format and length: 15 or less alphanumeric characters
  - If this field contains an invalid character (other than a numeric character of 0 - 9) in any position, the Validation Result indicates a *warning due to wrong format*.
  - If the value is shorter than or longer than 15 characters, the Validation Result indicates a *warning due to an invalid field length*.
- Acceptable value: numbers, letters, or a combination of numbers and letters.
- Related field: Admission ID of other records within the same dataset
  - If the same value is used for more than one record within the dataset, the Validation Result indicates a *warning due to a data inconsistency* in all related records.

4.4.3 Discharge Reason (Service Episode End Reason)

This field indicates the outcome of the treatment episode/event or the reason for transfer or discontinuance of treatment.

Code	Value	Description
1	*Treatment Completed*	Treatment completed.
2	*Dropout, Reason Not Specified*	Dropout – Client chose not to complete treatment program, including lost contact, left against medical advice (AMA), and failed to return from leave (elopement/AWOL). Use this if the specific reason for dropout is not tracked or identifiable.
3	*Terminated by Facility*	Terminated by facility (generally due to client's non-compliance with treatment or violation of rules and policies).
4	*Transferred Successfully*	Transferred to another treatment program or facility for a continuation of treatment successfully.
5	*Incarcerated*	Incarcerated or released by or to courts.
6	*Death by Suicide*	Death by suicide.
7	*Death Not by Suicide*	Death NOT by suicide.
8	*Dropout - AMA*	Client left the treatment program against medical advice (AMA).
9	*Dropout - Lost to Contact*	Client who has received outpatient services and the provider agency is unable to contact.

Code	Value	Description
10	*Administrative Closure*	No client activity >= 180 days. Primarily used for opened service episodes with no activity for a prolonged period.
11	*Medical Necessity*	Client no longer meets criteria for service.
12	*Dropout - AWOL or Elopement*	Absent Without Official Leave (AWOL) or Elopement - Client failed to return from leave.
13	*Aging Out*	Children aging out from MH programs for children.
14	*Change of Residence*	Client, moved out of the District and is no longer eligible for services.
15	*Transferred but No Show*	Transferred to another treatment program or facility, but client did not report for treatment.
16	*Transferred but Not Reportable*	Transferred to another treatment program or facility that is not in the SSA or SMHA reporting system for example, client is transferred to a Medicaid facility that is not mandated to report client data to the state substance abuse/behavioral health agency. The receiving facility is outside the purview of the SSA or SMHA.
17	*Incarcerated*	Incarcerated or released by or to courts.
18	*Discharged from Psychiatric Inpatient Facility*	Discharged from Psychiatric Facility to an acute medical facility for medical services.
19	*Conditional Release*	Individual, who was committed to St. Elizabeth's Hospital after acquittal by reason of insanity, has been released to an outpatient treatment program by a court order.
95	*Other*	All other reasons
97	*Unknown*	Individual client value is unknown
98	*Not Collected*	Provider does not collect this information at all

Guidelines

- The Discharge Reason must be documented and stored in a structure data format in the EHR system.
- The Discharge Reason must be provided for any record with a valid Discharge Date identified.

Validation Rules

- Field name: discharge_reason
- Field type: conditionally required
  - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
  - If this field is *Null* while Discharge Date has a valid value, the Validation Result indicates a *critical error due to a missing value*.
- Field format and length: one (1) or two (2) digit numeric character(s)
- Acceptable value: *1 - 19, 95, 97* or *98*
  - If the value of this field is other than one of the one of the assigned values (*1 -19, 95, 97* or *98*), the Validation Result indicates a *fatal error due to an invalid value*.
- Related field: Discharge Date (this validation rule will run in the Discharge Date field.)
  - If the Discharge Reason field has a valid value while the Discharge Date is *Null*, the Validation Result of the Discharge Date indicates a *fatal error due to a data inconsistency*.

4.4.4 Date of First Contact or Request for Service

This is the date when the client (or collateral) made the first contact to request for an SUD or MH treatment service. Some providers may call it intake date. This is to calculate the number of days a client waited to enter a treatment service.

Validation Rules

- Field name: service_request_date
- Field type: optional
  - This field can remain *Null*.
  - Any errors associated with this field, when a value is present, will result in a *warning*.
- Field format: Date (*MM/DD/YYYY* or *YYYY-MM-DD*)
  - If this field contains a value that is not recognized as a data format, the Validation Result indicates a *warning due to wrong format*.
- Acceptable value: a valid date
  - If the value of this field is not a valid calendar date (e.g., February 30), Validation Result indicates a *warning due to an invalid value*.
- Related field: Admission Date
  - The Date of First Contact or Request for Service may be the same as the Admission Date but cannot be later. If the Date of Fist Contact or Request for Service is later than the Admission Date, the Validation Result indicates a *warning due to a data inconsistency*.

4.4.5 Number of Prior SUD Treatment Episodes

This field indicates the number of previous treatment episodes the client has received in any substance use treatment program.

Code	Value	Description/Note
0	*No previous episodes*	
1	*1 previous episode*	
2	*2 previous episodes*	
3	*3 previous episodes*	
4	*4 previous episodes*	
5	*5 previous episodes*	
6	*6 previous episodes*	
7	*7 previous episodes*	
8	*8 previous episodes*	
9	*9 previous episodes*	
10	*10 ore more previous episodes*	
97	*Unknown*	Individual client value is unknown
98	*Not Collected*	Provider does not collect this information at all

Guidelines

- For an SUD provider, this field may be self-reported by the client at the time of intake, or it may be derived from the provider's EHR system.

- For an MH provider, this field measures the substance use treatment history of the client only. This does not include or pertain to the client's MH treatment history but SUD treatment episodes only. Report the number if known.
- If this information is Not Collected, indicate *98 (Not Collected)*.

Validation Rules

- Field name: num_of_prior_su_episodes
- Field type: required
  - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
  - If this field is *Null*, the Validation Result indicates a *critical error due to a missing value*.
- Field format and length: one (1) or two (2) digit numeric character(s)
- Acceptable value: *0 - 10, 97* or *98*
  - If the value of this field is other than one of the one of the assigned values (*0 - 10, 97* or *98*), the Validation Result indicates a *critical error due to an invalid value*.

4.4.6 Referral Source

This field describes the person or agency referring the client to treatment.

Code	Value	Description/Note
1	*Individual, including Self-Referral*	Includes the client, a family member, friend, or any other individual who would not be included in any of the following categories; includes self-referral due to pending DWI/DUI.
2	*Alcohol/drug abuse care provider*	Any program, clinic, or other health care provider whose principal objective is treating clients with substance use diagnosis, or a program whose activities are related to alcohol or other drug use prevention, education, or treatment.
3	*Other health care provider*	A physician, psychiatrist, or other licensed health care professional; or general hospital, psychiatric hospital, mental health program, or nursing home.
4	*School (Educational)*	A school principal, counselor, or teacher; or a student assistance program (SAP), the school system, or an educational agency.
5	*Employer/Employee Assistance Program (EAP)*	A supervisor or an employee counselor.
6	*Other community referral*	Community or religious organization or any federal, state, or local agency providing aid in the areas of poverty relief, shelter, unemployment or social welfare. This category also includes defense attorneys and self-help groups such as Alcoholics Anonymous (AA), Al-Anon, and Narcotics Anonymous (NA).
7	*Criminal justice referral*	Any police official, judge, prosecutor, probation officer or other person affiliated with a federal, state, or county judicial system. Includes referral by a court for Driving While Impaired (DWI) or Driving Under the Influence (DUI), clients referred in lieu of or for deferred prosecution, or during pre-trial release, or before or after official adjudication. Includes clients on pre-parole, pre-release, work or home furlough or TASC. Client need not be officially designated as "on parole." Includes clients referred through civil commitment. Clients in this category are further defined in Detailed Criminal Justice Referral.

Code	Value	Description/Note
97	*Unknown*	Individual client value is unknown
98	*Not Collected*	Provider does not collect this information at all

Validation Rules

- Field name: referral_source
- Field type: required
  - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
  - If this field is *Null*, the Validation Result indicates a *critical error due to a missing value*.
- Field format: one (1) or two (2) digit numeric character
- Acceptable value: *1, 2, 3, 4, 5, 6, 7, 97* or *98*
  - If this field contains an invalid value (other than *1, 2, 3, 4, 5, 6, 7, 97* or *98),* the Validation Result indicates a *critical error due to an invalid value*.
- Related field: Detailed Criminal Justice Referral (The below data validation rules will be applied to the Detailed Criminal Justice Referral field, NOT in the Referral Source)
  - If Referral Source has a valid value other than *7 (Criminal justice referral),* the Detailed Criminal Justice Referral should be *Not Applicable (96)* or remain *Null*. Otherwise, the Validation Result of the Detailed Criminal Justice Referral indicates a *warning due to a data inconsistency*.

4.4.7 Detailed Criminal Justice Referral

This field provides more detailed information about those clients who are coded as *7 (Criminal Justice Referral)* in Referral Source.

Code	Value	Description/Note
1	*State/Federal Court*	
2	*Other Court*	Court other than state or federal court
3	*Probation/Parole*	
4	*Other Recognized Legal Entity*	For example, local law enforcement agency, corrections agency, youth services or review board/agency
5	*Diversionary Program*	For example, Treatment Alternatives for Safe Communities (TASC) program
6	*Prison*	
7	*DUI/DWI*	Referral by a court for Driving While Impaired (DWI) or Driving Under the Influence (DUI),
8	*Other*	
96	*Not Applicable*	Used when Referral Source is NOT *7 (Criminal justice referral)*
97	*Unknown*	Individual client value is unknown
98	*Not Collected*	Provider does not collect this information at all

Guidelines

- If no further information is available when Referral Source is *7 (Criminal justice referral),* this field should either be *Null, 97 (Unknown)* or *98 (Not Collected)*.

- This field should have a valid value when Referral Source is *7 (Criminal justice referral)*. Code *96 (Not Applicable)* must be used if Referral Source is other than *7 (Criminal justice referral)*.

Validation Rules

- Field name: criminal_justice_referral
- Field type: optional
  - This field can remain *Null*.
  - Any errors associated with this field, when a value is present, will result in a *warning*.
- Field format: one (1) or two (2) digit numeric character
- Acceptable value: *1 - 8* or *96 - 98*
  - If this field contains an invalid value (other than *1 - 8* or *96 - 98*), the Validation Result indicates a *warning due to an invalid value*.
- Related field: Referral Source
  - If Referral Source is not *7 (Criminal Justice Referral)*, this field should be *96 (Not Applicable)* or remain *Null*. If this field is not *Null* and the value is other than *96 (Not Applicable* while Referral Source is not *7 (Criminal Justice Referral)*, Validation Result indicates a *warning due to a data inconsistency*.
  - If this field is *96 (Not Applicable)* while Referral Source is *Criminal Justice Referral (7)*, Validation Result indicates a *warning due to a data inconsistency*.

4.4.8 Primary Payment Source

This field identifies the primary source of payment for this treatment episode anticipated at the time of admission. If the information changes during the treatment and the actual primary payment source is identified later or at the time of discharge, the updated information should be provided.

Code	Value	Description/Note
1	*Self-pay*	
2	*Medicare*	
3	*Medicaid*	
4	*Tricare*	
5	*Alliance/ICP*	
6	*Other government funding*	
7	*Worker's compensation*	
8	*Private health insurance companies*	
9	*No charge (free, charity, special research or teaching)*	e.g., free, charity, special research or testing
97	*Unknown*	Individual client value is unknown. Use if the provider collects Medicare and Medicaid as a single category.
98	*Not Collected*	Provider does not collect this information at all.

Validation Rules

- Field name: primary_payment_source
- Field type: optional
  - This field can remain *Null*.
  - Any errors associated with this field, when a value is present, will result in a *warning*.

- Field format: one (1) or two (2) digit numeric character
- Acceptable value: *1 - 9, 97 or 98*
    - If this field contains an invalid value (other than *1 - 9, 97 or 98*), the Validation Result indicates a *warning due to an invalid value*.

4.4.9 Health Insurance

This field specifies the client's health insurance at admission and can be updated at discharge. The health insurance may or may not cover BH treatment, thus it may not be the same as the Primary Payment Source.

Code	Value	Description/Note
1	*Private Insurance*	
2	*Medicare*	
3	*Medicaid*	
4	*Alliance or ICP*	
5	*Tricare*	
6	*Other*	
7	*None*	
97	*Unknown*	Individual client value is unknown. Use if the provider collects Medicare and Medicaid as a single category.
98	*Not Collected*	Provider does not collect this information at all.

Guidelines

- Providers are encouraged to report data for all categories in the list of valid entries.
- Health Insurance should be reported, if collected, whether it covers behavioral health treatment.

Validation Rules

- Field name: health_insurance
- Field type: optional
    - This field can remain *Null*.
    - Any errors associated with this field, when a value is present, will result in a *warning*.
- Field format: one (1) or two (2) digit numeric character
- Acceptable value: *1 - 7, 97 or 98*
    - If this field contains an invalid value (other than *1 - 7, 97 or 98*), the Validation Result indicates a *warning due to an invalid value*.

4.4.10 Medicaid ID

An eight (8) digit number as assigned by the DC Medicaid eligibility system for clients who are eligible for Medicaid, Alliance or ICP.

Guidelines

- When it's present, it should have a valid Medicaid IDs.
- A valid Medicaid ID is an 8-digit number starting with 7.
- If Medicaid ID changes due to an eligibility change within the same episode, report the current Medicaid ID as of Discharge Date or Last Day of Reporting Period.

Validation Rules

- Field name: medicaid_id
- Field type: optional
  - This field can remain *Null*.
  - Any errors associated with this field when the value is present will result in a *warning*.
- Field format and length: Eight (8) digit numeric field
  - If this field contains an invalid character (other than a numeric character of 0 - 9) in any position, the Validation Result indicates a *warning due to wrong format*.
  - If the value is shorter than or longer than 8 characters, the Validation Result indicates a *warning due to an invalid field length*.
- Acceptable value: a valid Medicaid number. Any value meeting the below criteria will result in a *warning due to an invalid value*.
  - All digits are zeros (i.e., 00000000)
  - A value that does not start with 7 (e.g., 23468756, 69812356)

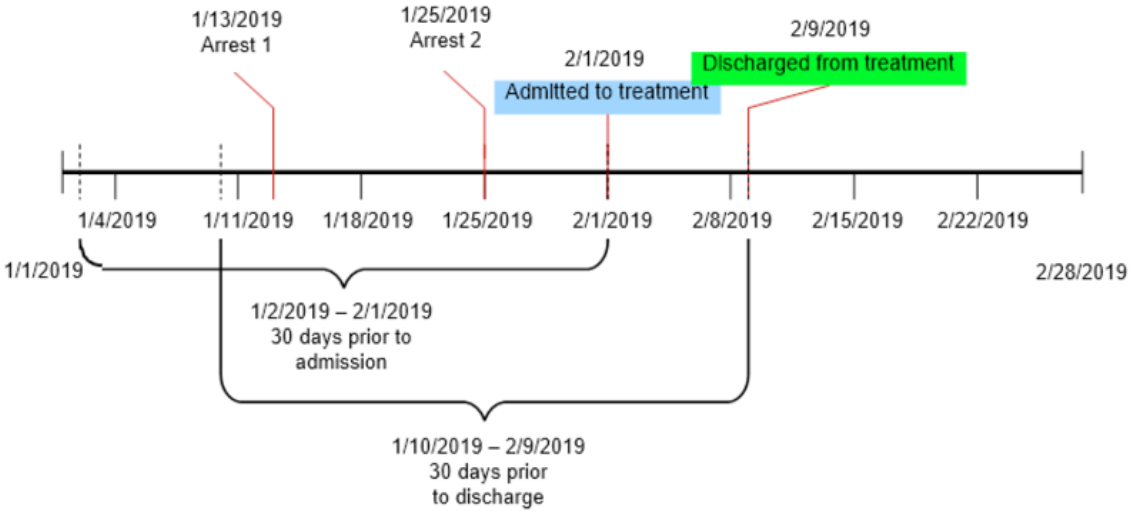
4.4.11 Number of Arrests in Past 30 Days

This field indicates the number of arrests in the thirty (30) days prior to the reference date (i.e., date of admission or date of discharge).

This field is intended to capture the number of times the client was arrested (not the number of charges) for any cause during the reference period. Any formal arrest should be counted, regardless of whether incarceration or conviction resulted.

Code	Value	Description/Note
0-30	*Number of Arrests*	It will be highly unlike the total number of arrests in a 30-day period exceeds 30. If that is the case, report 30.
97	*Unknown*	Individual client value is unknown.
98	*Not Collected*	Provider does not collect this information at all.

Figure 3. Example of Arrests in Past 30 Days



** Source: Example of Arrests in Past 30 Days, Combined Substance Use and Mental Health TEDS State instruction Manual, SAMHSA, 4/30/2022*

Guidelines

- This information must be collected at admission and separately at discharge. For data reported at admission, the reference period is 30 days prior to admission. For data reported at discharge, the reference period is 30 days prior to discharge.
- If the Admission Date and Discharge Date are close together and the reference periods overlap, arrests falling in the overlap should be counted as occurring in the 30 days prior to admission. They should not be counted again in the 30 days prior to update/discharge. For example: if the date of admission is February 1 and the date of discharge is February 9, arrests that happened on January 13 and 25 should be reported at time of admission. They should not be reported again at the time of discharge because the 30-day timeframe overlapped between the two data reporting periods. Any arrest incidents that happened during the time gap between admission and discharge should be reported as arrest 30 days prior to discharge. The succeeding figure (Figure XX) illustrates this example.

Validation Rules for Number of Arrests in Past 30 Days from Admission

- Field name: arrests_past_30days_admission
- Field type: required
    - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
    - If this field is *Null*, the Validation Result indicates a *critical error due to a missing value*.
- Field format and length: one (1) or two (2) digit numeric character(s)
- Acceptable value: *1 - 30, 97* or *98*
    - If the value of this field is other than one of the assigned values (*1 - 30, 97* or *98*), the Validation Result indicates a *critical error due to an invalid value*.

Validation Rules for Number of Arrests in Past 30 Days from Discharge

- Field name: arrests_past_30days_discharge

- Field type: conditionally required
  - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
  - If this field is *Null* while the Discharge Date has a valid value, the Validation Result indicates a *critical error due to a missing value*.
- Field format and length: one (1) or two (2) digit numeric character(s)
- Acceptable value: *1 - 30, 97* or *98*
  - If the value of this field is other than one of the assigned values (*1 - 30, 97* or *98*), the Validation Result indicates a *critical error due to an invalid value*.
- Related field: Discharge Date
  - If this field has a valid value while Discharge Date is *Null*, the Validation Result indicates a *critical error due to a data inconsistency*.

4.4.12 Attendance at Self-Help Groups in Past 30 Days

This field indicates the frequency of attendance at a substance use self-help group in the thirty (30) days prior to the reference date (the date of admission or date of discharge). For an admission record, the reference period is thirty (30) days prior to admission. For a record with Discharge Date, the reference period is thirty (30) days prior to discharge.

It includes attendance at Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and other self-help/mutual support groups focused on recovery from substance use and dependence.

Code	Value	Description/Note
1	*No Attendance*	No attendance in the past 30 days.
2	*Less than once a week*	1 to 3 times in the past 30 days.
3	*About once a week*	4 to 7 times in the past 30 days.
4	*2-3 times per week*	8 to 15 times in the past 30 days.
5	*At least 4 times a week*	16 to 30 times in the past 30 days.
6	*Some attendance*	Number of times and frequency is unknown.
96	*Not Applicable*	Can be used only for MH clients who do not have a co-occurring disorder.
97	*Unknown*	Individual client value is unknown.
98	*Not Collected*	Provider does not collect this information at all.

Guidelines

- Reporting Attendance at Self-Help Groups in Past 30 Days from Admission is optional while Attendance at Self-Help Groups in Past 30 Days from Discharge is required if the record has a Discharge date.

Validation Rules for Attendance at Self-Help Groups in Past 30 Days at Admission

- Field name: self_help_group_admission
- Field type: optional
  - Any errors associated with this field, when the value is present, will result in a *warning*.
- Field format and length: one (1) or two (2) digit numeric character(s)
- Acceptable value: *1 - 6,* or *96 - 98*

- If the value of this field is other than one of the assigned values (*1 - 6,* or *96 - 98*), the Validation Result indicates a *warning due to an invalid value*.

Validation Rules for Attendance at Self-Help Groups in Past 30 Days at Discharge

- Field name: self_help_group_discharge
- Field type: conditionally required
  - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
  - If this field is *Null* while the Discharge Date has a valid value, the Validation Result indicates a *critical error due to a missing value*.
- Field format and length: one (1) or two (2) digit numeric character(s)
- Acceptable value: *1 - 6,* or *96 - 98*
  - If the value of this field is other than one of the assigned values (*1 - 6,* or *96 - 98*), the Validation Result indicates a *critical error due to an invalid value*.
- Related field: Discharge Date
  - If this field has a valid value while Discharge Date is *Null*, the Validation Result indicates a *critical error due to a data inconsistency*.

4.5 Client Address

4.5.1 Summary and Data Fields

This is the third data domain containing the client's physical residential address and the living arrangement information.

Table 12. Data Fields for Client Address

Field Name	Field Description	Type	Format	Length
living_arrangement	Living Arrangement	R	Numeric	2
address_line1	Address Line 1	O	String	50
address_line2	Address Line 2	O	String	50
address_ward	Ward	O	String	2
address_city	City	O	String	50
address_state	State	O	Alphabet	2
address_zipcode	Zip Code	O	String	10
phone1	Phone 1	O	String	12
phone2	Phone 2	O	String	12

Guidelines

1) The client's address of residency is most preferred.
2) If the address of residency is unavailable, use the client's mailing address. If the mailing address is unavailable, report any address elements available.
3) If the client is homeless or unable to provide an address, report at a minimum, report city and state of residency or mailing address. In the case of residence in a tent on a street, report the

closest street name, city, state, or zip code (or the nearest by proximity), but do not report the provider agency as the closest proximity.

4) If the client stays at a facility, submit the facility address and indicate the type of facility in the living arrangement field.

4.5.2 Living Arrangement

This field identifies whether the client is homeless, a dependent (living with parents or in a supervised setting) or living independently on his or her own. Living arrangements need to be collected at admission and at discharge to assess change.

Code	Value	Description/Note
1	*Homeless*	No fixed address, including shelters.
2	*Dependent Living, Not Specified*	Clients living in a supervised setting, but not specified. Refer to Code 22-72 for sub-categories.
3	*Independent Living - Adult*	Adults or adolescents (>=18) living alone or with other independently, without supervision.
4	*Institutional Setting*	Long-term care facility, nursing home, or hospital.
5	*Justice System*	Jail, correctional facility, detention center, prison, or other institution under the justice system.
6	*Dependent Living: Residential Care*	Individual resides in a residential care facility. This level of care may include a group home therapeutic group home, board and care, residential treatment, rehabilitation center, or agency-operated residential care facilities.
7	*Dependent Living: Foster Home/Foster Care*	Client resides in a foster home, including foster families and therapeutic foster care facilities.
8	*Dependent Living: Crisis Residence*	A time-limited residential (24 hours/day) stabilization program that delivers services for acute symptom reduction and restores clients to a pre-crisis level of functioning.
9	*Dependent Living: Institutional Setting*	Client resides in an institutional care facility providing care 24 hours/day, 7 days/week. May include skilled nursing/intermediate care facility, nursing homes, institute of mental disease (IMD), inpatient psychiatric hospital, psychiatric health facility, veterans' affairs hospital, state hospital, or Intermediate Care Facility/MR.
10	*Dependent Living: Private Residence*	Adult clients living in a house, apartment, or other similar dwelling who are heavily dependent on others for daily living assistance.
11	*Dependent Living with Caretaker*	Children (<18) living with parents, or adults living with caretakers in their home.
12	*Foster Care in Family Setting*	Children living in a foster care family setting.
13	*Foster Care Group Home*	Child placed in a foster care group home or a residential treatment facility.
97	*Unknown*	Individual client value is unknown.
98	*Not Collected*	Provider does not collect this information at all.

Guidelines

- If the provider collects a subset of the categories only, clients not fitting the subset should be coded as *98 (Not Collected)*. For example, if the provider collects only *Homeless (01)* information, clients who are not homeless should be coded as *98 (Not Collected).*

Validation Rules

- Field name: living_arrangement
- Field type: required
  - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
  - If this field is *Null*, the Validation Result indicates a *critical error due to a missing value*.
- Field format: one (1) or two (2) digit numeric character
- Acceptable value: *1 - 13, 97* or *98*
  - If this field contains an invalid value (other than *1-13, 97* or *98),* the Validation Result indicates a *critical error due to an invalid value*.

4.5.3 Address Line 1 & 2

This field identifies the Client's physical residential address (i.e., where the Client lives).

Guidelines

- The Address Line 1 is generally for the street address, including the civic number, street name and quadrant information, whereas Address Line 2 is for the floor, suite, unit number, or other address designation that is not part of the physical address.

Validation Rules

- The Address Line 1 and Address Line 2 are separate data fields but share the same validation rules.
- Field name: address_line1, address_line2
- Field type: optional
  - This field can remain *Null*.
  - Any errors associated with this field when the value is present will result in a *warning*.
- Field format and length: a maximum of 50 alphanumeric or special characters in upper case, lower case, or a mix.
  - If the value is longer than 50 characters, the Validation Result indicates a *warning due to an invalid field length*.

4.5.4 Ward

The District of Columbia has eight (8) wards, each of which has an equitable population, determining elections and distribution of public services. It is recommended the providers serving primarily the District's residents collect or identify the ward information of their clients, determined based on the address, whenever possible.

Code	Ward	Description/Note
1	*Ward 1*	
2	*Ward 2*	
3	*Ward 3*	

Code	Ward	Description/Note
4	*Ward 4*	
5	*Ward 5*	
6	*Ward 6*	
7	*Ward 7*	
8	*Ward 8*	
96	*Not Applicable*	The state in the address is NOT DC.
97	*Unknown*	Individual client value is unknown.
98	*Not Collected*	Provider does not collect this information at all.

Guidelines

- If the ward information is not available for any clients in the EHR system, indicate *98 (Not Collected)*. If the ward information is missing while the address is in DC, for certain clients, indicate *97 (Unknown)*. If the address is not in the District, use *96 (Not Applicable)*.

Validation Rules

- Field name: address_ward
- Field type: optional
  - This field can remain *Null*.
  - Any errors associated with this field when the value is present will result in a *warning*.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *1 - 8* or *96 - 98*
  - If this field contains an invalid value (other than *1 - 8* or *96 - 98*) the Validation Result indicates a *warning due to an invalid value*.

4.5.5 City

This field identifies the city of the client's current residence.

Guidelines

- If the address of residency or mailing address is unavailable, report at a minimum, report city and state of residency or mailing address.
- For addresses from other countries, report the country name in this field if available.
- If neither City nor State information can be identified, use this field to indicate *Unknown*.

Validation Rules

- Field name: address_city
- Field type: required
  - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
  - If this field is *Null*, the Validation Result indicates a *critical error due to a missing value*.
- Field format and length: a maximum of 30 letters in upper case, lower case, or a mix.
  - If the value is longer than 30 characters, the Validation Result indicates a *critical error due to an invalid field length*.

- If any of these fields includes a special character other than a hyphen (-), apostrophe ('), or a single space between characters in any of the name fields, the Validation Result will display a *warning due to an invalid value*.

4.5.6 State

This field indicates the US postal service standard two-letter abbreviation of the state where the client currently resides.

Guidelines

- If the address of residency or mailing address is unavailable, report at a minimum, report city and state of residency or mailing address.
- For addresses from other countries or unknown, report *OT*.

Validation Rules

- Field name: address_state
- Field type: Required
  - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
  - If this field is *Null*, the Validation Result indicates a *critical error due to a missing value*.
- Field format and length: two (2) letter state and territory abbreviations
  - If the value is shorter or longer than 2 characters, the Validation Result indicates a *critical error due to an invalid field length*.
  - If any of these fields includes other than one of the US state and territory abbreviations, the Validation Result will display a *critical error due to an invalid value*.

4.5.7 Zip Code

This field indicates the client's zip code of the area of residency.

Guidelines

- Provide the zip code of the address included in the record, in 5-digit or 10 characters including a hyphen (-) and a leading zero (e.g., 20002 or 01701-3320).

Validation Rules

- Field name: address_zipcode
- Field type: optional
  - This field can remain *Null*.
  - Any errors associated with this field when the value is present will result in a *warning*.
- Field format and length: either 5 or 10 numeric characters, including a hyphen (-) and a leading zero (e.g., 20002 or 01701-3320)
  - If this field contains an invalid character other than numeric character of *0 - 9* or a hyphen (-) in any position, the Validation Result indicates a *warning due to an invalid value*.
  - If the value is not equal to 5 characters or 10 characters, the Validation Result indicates a *warning due to an invalid field length*.
- Acceptable value: a valid zip code. Any value meeting the below criteria will result in a *warning due to an invalid value*.
  - The first 2 numbers are '00'.

- The 6th character is not a hyphen (-) when the 6th character is present.

4.5.8 Phone 1 & 2

This field captures (a) phone number(s) of a client, which will be used for data match.

Guidelines

- Provide up to two phone numbers, if available, in 10 numeric characters, without any special characters, such as a hyphen (-) or parentheses.

Validation Rules

- The Phone 1 and Phone 2 are separate data fields but share the same validation rules.
- Field name: phone1, phone2
- Field type: optional
  - This field can remain *Null*.
  - Any errors associated with this field when the value is present will result in a *warning*.
- Field format and length: 10 numeric characters without any special characters, such as a hyphen (-) or parentheses. (e.g., 2024424202)
  - If the value is shorter or longer than 10 characters, the Validation Result indicates a *warning due to an invalid field length*.
  - If this field contains an invalid character other than a numeric character of *0 - 9*, the Validation Result indicates a *warning due to an invalid value*.
- Acceptable value: a valid phone number. Any value meeting the below criteria will result in a *warning due to an invalid value*.
  - The first number is '0'.

4.6 Client Profile

4.6.1 Summary and Data Fields

This section includes data fields to capture additional characteristics of clients/consumers required or recommended to be collected at admission and discharge.

Table 13. Data Fields for Client Profile

Field Name	Field Description	Type	Format	Length
marital_status	Marital Status	R	numeric	2
veteran_status	Veteran Status	O	numeric	2
education	Education	R	numeric	2
employment	Employment Status	R	numeric	2
not_in_labor	Detailed Not-in-Labor Force	R	numeric	2
income_source	Source of Income/Support	O	numeric	2
pregnant	Pregnant at Admission	O	numeric	2
school_attendance	School Attendance Status	R	numeric	2
legal_status	Legal Status	R	numeric	2

4.6.2 Marital Status

This field collects the current marital status of the client.

Code	Value	Description/Note
1	*Single or Never Married*	No spouse or significant other.
2	*Married or Domestic Partnership*	Living together as married, living with partners, or cohabiting.
3	*Separated*	Married clients legally separated or otherwise absent from spouse
4	*Divorced*	Includes clients who are not in a relationship and whose last relationship was a marriage dissolved by judicial declaration.
5	*Widowed*	Includes clients who are not in a relationship and whose last relationship was a marriage and their spouse died.
96	*Not Applicable*	Use for a child or youth client whose marital status is considered Not Applicable.
97	*Unknown*	Individual client value is unknown.
98	*Not Collected*	Provider does not collect this information at all.

Validation Rules

- Field name: marital_status
- Field type: required
    - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
    - If this field is *Null*, the Validation Result indicates a *critical error due to a missing value*.
- Field format: one (1) or two (2) digit numeric character
- Acceptable value: *1, 2, 3, 4, 5, 96, 97* or *98*
    - If this field contains an invalid value (other than *1, 2, 3, 4, 5, 97* or *98*), the Validation Result indicates a *critical error due to an invalid value*.

4.6.3 Veteran Status

This field indicates whether the client has served in the uniformed services (Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service Commissioned Corps, Coast and Geodetic Survey, etc.).

A veteran is a person sixteen (16) years or over who has served (even for a short time), but is not serving now, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, Coast Guard, or Commissioned Corps of the U.S. Public Health Service or the National Oceanic and Atmospheric Administration, or who served as a Merchant Marine seaman during World War II. Persons who served in the National Guard or Military Reserves are classified as veterans only if they have ever been called or ordered to active duty (excluding the 4-6 months of initial training and yearly summer camps).

Code	Value	Description/Note
1	*Yes*	Has served or is currently serving in the uniform services, including the Coast Guard and Public Health Service.
2	*No*	Has not served in military.

Code	Value	Description/Note
97	*Unknown*	Individual client value is unknown.
98	*Not Collected*	Provider does not collect this information at all.

Validation Rules

- Field name: veteran_status
- Field type: optional
  - This field can remain *Null*.
  - Any errors associated with this field, when the value is present, will result in a *warning*.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *1, 2, 97* or *98*
  - If this field contains an invalid value (other than *1, 2, 97* or *98*) the Validation Result indicates a *warning due to an invalid value*.

4.6.4 Education

This field specifies a) the highest school grade completed for adults or children not attending school or b) current school grade for school-age children (3-17 years old) attending school.

Code	Value	Description/Note
0	*Less than one school grade*	Less than one school grade or no schooling
1	*Grade 1*	1st grade education
2	*Grade 2*	2nd grade education
3	*Grade 3*	3rd grade education
4	*Grade 4*	4th grade education
5	*Grade 5*	5th grade (elementary) education
6	*Grade 6*	6th grade education
7	*Grade 7*	7th grade education
8	*Grade 8*	8th grade education (Middle school).
9	*Grade 9*	9th grade education
10	*Grade 10*	Sophomore grade education
11	*Grade 11*	Junior in high school
12	*12th Grade or GED*	High school diploma or GED
13	*1st Year of college/university*	Freshman in college
14	*2nd Year of college/university*	Sophomore in college or associate degree
15	*3rd Year of college/university*	Junior in college
16	*4th Year of college/university*	Senior in college or bachelor's degree
17	*Some post-graduate study*	Degree not completed (yet)
18	*Graduate or professional degree*	Master's degree, doctoral degree, professional school, medical school, law school, etc.
71	*Vocational school*	School providing specialized training for skilled employment includes business, technical, secretarial, trade, or correspondence courses.

Code	Value	Description/Note
72	*Nursery, pre-school or head-start*	Used typically for children ages 3-4 years old but also can be applied to older children meeting the definition of attending nursery school or pre-school
73	*Kindergarten*	
74	*Self-contained special education*	Use for children in a special education class that does not have an equivalent school grade level
97	*Unknown*	Individual client value is unknown.
98	*Not Collected*	Provider does not collect this information at all.

Guidelines

- This field is required.
- Report current grade level for school-age children (3-17 years old and 18-21 years of age if the client is in special education) who attended school at any time in the past three months.
- Report highest grade level completed for school-age children who have not attended school at any time within the past three months.
- Report highest grade level completed for all adults, whether currently in school or not.
- For non-school-age children (age less than 3 years), use code *0 (Less than one school grade)*.
- School includes, any one or combination of home-schooling, online education, alternative school, vocational school, or regular school (public, private, charter, traditional, military, magnet, independent, parochial, etc.), at which the child is enrolled in any of the following school grade levels: nursery/pre-school (including Head Start), kindergarten, elementary/middle school (Grades 1-8), middle/high school (Grades 9-12, including General Equivalency Degree or GED), vocational school (including business, technical, secretarial, trade, or correspondence courses which are not counted as regular school enrollment and are not for recreation or adult education classes), or college/professional degree.
- If the information is collected at the time when the school year just ended, report the recent school grade level completed (not the grade level the child is advancing to in the next school year).
- For children who are home-schooled or children in special education but have been mainstreamed in regular school grades, please report the equivalent grade level.
- Use code *74 (Self-contained special education)* for children in a special education class that does not have an equivalent school grade level.
- Code *72 (Nursery school/pre-school)*, including Head Start is used typically for children ages 3-4 years old (but may also apply to older children) who meet the following definition of nursery school/pre-school. Use code *0 (Less than one school grade)* for children 3-4 years old who do not meet this definition.

Validation Rules

- Field name: education
- Field type: required
    - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
    - If this field is *Null*, the Validation Result indicates a *critical error due to a missing value*.
- Field format: one (1) or two (2) digit numeric character
- Acceptable value: *0 - 18, 71 - 74* or *97 - 98*

- If this field contains an invalid value (other than *0 - 18, 71 - 74* or *97 - 98*), the Validation Result indicates a *critical error due to an invalid value*.

4.6.5 Employment

This field Indicates the client's current employment or primary daily activity. This field is required for all datasets.

Code	Value	Description/Note
1	*Full-time*	Working 35 hours or more each week, including active-duty members.
2	*Part-time*	Working fewer than 35 hours each week.
3	*Unemployed*	Looking for work during the past 30 days or on layoff from job.
4	*Not in labor force*	Not looking for work during past 30 days, or a student, homemaker, retired, or an inmate of an institution.
5	*Employed*	Working but full-time vs. part-time not specified.
97	*Unknown*	Individual client value is unknown.
98	*Not Collected*	Provider does not collect this field.

Guidelines

- This field is required.
- If the client engages in multiple employment or daily activities, report the highest level of employment or activity. Highest level of employment or activity" corresponds to the value code. i.e., code *1 (Full-time)* is a higher level than code *2 (part-time)*.
- A client who has two or more part-time employments but works a total of 35 hours or more per week should be reported as full-time.
- Detailed Not in Labor Force provides a detailed breakdown of the category *4 (Not in labor force)*. All records with this category should have an entry in Detailed Not in Labor Force.
- Employment Status is defined by SAMHSA as an outcome measure and is collected at admission and at discharge/update to assess change.
- Seasonal workers are coded based on employment status at the time of measurement. For a seasonal worker employed full time at the time of measurement, Employment Status should be coded *1 (Full time)*. A seasonal worker who is not in the labor force at the time of measurement should be coded *4 (Not in labor force)*.
- Report Employment Status only for clients aged 16 and older. If the provider does not collect employment status for clients 16 and 17 years old or the client is under age 16, the field should be coded as *98 (Not Collected)*.
- If the provider does not collect full-time and part-time employment separately, the code *5 (Employed)*, Full/Part-time not specified should be used. Providers are encouraged to develop the capacity to collect and report both full-time and part-time employment.

Validation Rules

- Field name: employment
- Field type: required
  - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
  - If this field is *Null*, the Validation Result indicates a *critical error due to a missing value*.
- Field format: one (1) or two (2) digit numeric character

- Acceptable value: *1, 2, 3, 4, 5, 97* or *98*
    - If this field contains an invalid value (other than *1, 2, 3, 4, 5, 97* or *98*), the Validation Result indicates a *critical error due to an invalid value*.

4.6.6 Details Not in Labor Force

Provides more detailed information about those clients who are coded as 04 Not in labor force in Employment Status.

Code	Value	Description/Note
1	*Homemaker*	
2	*Student*	
3	*Retired*	
4	*Disabled*	
5	*Resident of Institution*	Persons receiving services from institutional facilities such as hospitals, jails, prisons, long-term residential care, etc.
6	*Other or Not Specified*	Volunteer, seasonal worker, other categories or not specified.
7	*Sheltered or Non-competitive Employment*	
96	*Not Applicable*	Use this code if Employment Status is not 04 Not in labor force.
97	*Unknown*	Individual client value is unknown.
98	*Not Collected*	Provider does not collect this field.

Guidelines

- Detailed Not in Labor Force provides a detailed breakdown of the category *4 (Not in labor force)*. All records with this category should have an entry in Detailed Not in Labor Force.
- If the provider collects a subset of the categories, clients not fitting the subset should be coded as *97 (Unknown)*. For example, if the provider collects only 04 Disabled, all other records where Employment Status is coded *4 (Not in labor force)* should use *97 (Unknown)* for this field.
- If the provider does not collect Detailed Not in Labor Force, all records should be coded *98 (Not Collected)*.

Validation Rule

- Field name: not_in_labor
- Field type: optional
    - This field can remain *Null*.
    - Any errors associated with this field, when the value is present, will result in a *warning*.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *1 - 7* or *96 - 98*
    - If this field contains an invalid value (other than *1 - 7* or *96 - 98*) the Validation Result indicates a *warning due to an invalid value*.
- Related field: Employment
    - This field should be *Null* or *96 (Not Applicable)* if the value of Employment is other than *4 (Not in labor force)*.

4.6.7 Primary Source of Income/Support

This field identifies the client's principal source of financial support. For children (<18), indicate the parents' primary source of income.

Code	Value	Description/Note
1	*Wage/Salary*	
2	*Public Assistance (TANF, etc.)*	
3	*Retirement/Pension*	
4	*Disability (SSI, SSDI, etc.)*	
95	*Other*	
96	*None*	
97	*Unknown*	Individual client value is unknown.
98	*Not Collected*	Provider does not collect this field.

Guidelines

- Providers are encouraged to report data for all categories in the list of valid entries but reporting a subset of the categories is acceptable.

Validation Rules

- Field name: income_source
- Field type: optional
  - This field can remain *Null*.
  - Any errors associated with this field, when the value is present, will result in a *warning*.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *1 - 4* or *95 - 98*
  - If this field contains an invalid value (other than *1 - 4* or *95 - 98*) the Validation Result indicates a *warning due to an invalid value*.

4.6.8 Pregnant at Admission

This field indicates whether a female client was pregnant at the time of admission.

Code	Value	Description/Note
1	*Yes*	Female client pregnant at admission.
2	*No*	Female client not pregnant at admission.
96	*Not Applicable*	Male clients or children in prepuberty age.
97	*Unknown*	Individual client value is unknown.
98	*Not Collected*	Provider does not collect this information at all.

Validation Rules

- Field name: pregnant
- Field type: optional
  - This field can remain *Null*.
  - Any errors associated with this field, when the value is present, will result in a *warning*.
- Field format and length: a maximum of 2 numeric characters

- Acceptable value: *1, 2, 96, 97* or *98*
    - If this field contains an invalid value (other than *1, 2, 96, 97* or *98*), the Validation Result indicates a *warning due to an invalid value*.
- Related field: Gender
    - If this field is not *Null* and is other than *96 (Not Applicable*) while Gender is *1 (Male)*, the Validation Result indicates a *warning due to a data inconsistency.*

4.6.9 School Attendance Status

This field specifies the school attendance status of school-age children and adolescents (3-17 years old), including young adults (18-21 years old) who are protected under the Individuals with Disabilities Education Act (IDEA).

Code	Value	Description/Note
1	*Yes*	Client has attended school at any time in the past 3 months.
2	*No*	Client has not attended school at any time in the past 3 months.
96	*Not Applicable*	Client is 22 years or older.
97	*Unknown*	Individual client value is unknown.
98	*Not Collected*	Provider does not collect this information at all.

Guidelines

- Age check will be performed as of the Admission Date.
- Age is not rounded-up.

Validation Rules

- Field name: school_attendance
- Field type: required
    - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
    - If this field is *Null*, the Validation Result indicates a *critical error due to a missing value*.
- Field format: one (1) or two (2) digit numeric character
- Acceptable value: *1, 2, 96, 97* or *98*
    - If this field contains an invalid value (other than *1, 2, 96, 97* or *98*), the Validation Result indicates a *critical error due to an invalid value*.
- Related field: Date of Birth, Admission Date
    - For a client who is older than 21 years old should be reported *96 (Not Applicable)*. If the value of this field is other than 96 while the calculated age of a client at admission is 22 years or older, the Validation Result indicates a *critical error due to a data inconsistency*.

4.6.10 Legal Status

This field identifies the client's legal status at the time of admission to a state psychiatric hospital, Saint Elizabeth's Hospital in the District.

Code	Value	Description/Note
1	*Voluntary, Self*	Non-forensic.

Code	Value	Description/Note
2	*Voluntary, Others*	Non-Forensic; Parents, guardians, etc.
3	*Involuntary, Civil*	Non-forensic.
4	*Involuntary, Criminal*	Forensic. Include juvenile clients who are adjudicated as adults.
5	*Involuntary, Juvenile Justice*	
6	*Involuntary, Civil, Sexual*	Clients civilly committed under laws that are referred to as 'sexual predator' laws in some states.
96	*Not Applicable*	
97	*Unknown*	Individual client value is unknown.
98	*Not Collected*	Provider does not collect this information at all.

Guidelines

- This field should be used only when Treatment Setting is *72 (State psychiatric hospital)*. For all other Treatment Setting codes, this field should be coded *96 (Not Applicable)*.

Validation Rules

- Field name: legal_status
- Field type: required
  - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
  - If this field is *Null*, the Validation Result indicates a *critical error due to a missing value*.
- Field format: one (1) or two (2) digit numeric character
- Acceptable value: *1 - 6* or *96 - 98*
  - If this field contains an invalid value (other than *1 - 6* or *96 - 98*), the Validation Result indicates a *critical error due to an invalid value*.
- Related field: Treatment Setting
  - If the value of this field is other than *96 (Not Applicable)* while the Treatment Setting is not *72 (State psychiatric hospital)*, the Validation Result indicates a *critical error due to a data inconsistency*.
  - If the value of this field is *96 (Not Applicable)* while the Treatment Setting is *72 (State psychiatric hospital)*, the Validation Result indicates a *critical error due to a data inconsistency*.

4.7 Clinical Information - Assessment & Diagnosis

4.7.1 Summary and Data Fields

This section includes data fields related to diagnoses and other clinical information applicable during the episode.

Any active diagnosis information should be reported using the International Classification of Diseases (ICD)-10 from the World Health Organization (WHO). ICD-10 codes may consist of up to seven (7) digits with a decimal (.) after the first three digits indicating the category. The three (3) digits following the decimal indicate specifiers and the last digit extension represents the type of encounter.

Table 14. Data Fields for Clinical Information

Field Name	Field Description	Type	Format	Length
co_occurring_sud_mh	Co-occurring MH and SUD Problem	O	numeric	2
smi_sed	SMI/SED Status	R	numeric	2
dla20_average_score	DLA-20 Assessment Average Score	R	decimal	###.##
dla20_assessment_date	DLA-20 Assessment Date	R (Cond'l)	Date	N/A
cafas_or_pecfas_total_score	CAFAS or PECFAS Total Score	R	Numeric	3
cafas_or_pecfas_assessment_date	CAFAS or PECFAS Assessment Date	R (Cond'l)	date	N/A
assessment_type	Assessment Type (CAFAS or PECFAS)	R (Cond'l)	string	6
sud_dx_1	SUD Diagnostic Code (ICD) - One	R	alphanumeric	8
sud_dx_2	SUD Diagnostic Code (ICD) - Two	O	alphanumeric	8
sud_dx_3	SUD Diagnostic Code (ICD) - Three	O	alphanumeric	8
mh_dx_1	MH Diagnostic Code (ICD) - One	R	alphanumeric	8
mh_dx_2	MH Diagnostic Code (ICD) - Two	O	alphanumeric	8
mh_dx_3	MH Diagnostic Code (ICD) - Three	O	alphanumeric	8
non_bh_dx_1	Non-BH Diagnostic Code - One	O	alphanumeric	8
non_bh_dx_2	Non-BH Diagnostic Code - Two	O	alphanumeric	8
non_bh_dx_3	Non-BH Diagnostic Code - Three	O	alphanumeric	8

4.7.2 Co-Occurring MH and SUD Problem

This field indicates whether the client has co-occurring mental illness and SUD.

Code	Value	Description/Note
1	*Yes*	Client has co-occurring mental and substance use disorders.
2	*No*	Client does not have co-occurring mental and substance use disorders.
97	*Unknown*	Individual client value is unknown.
98	*Not Collected*	Provider does not collect this field.

Guidelines

- This field should be *1 (Yes)* if the record had a valid diagnosis for both Substance Use and Mental Health.
- This field should be *1 (Yes)* for a mental health service record with the Primary Substance Use identified.

Validation Rules

- Field name: co_occurring_sud_mh

- Field type: optional
  - This field can remain *Null*.
  - Any errors associated with this field, when the value is present, will result in a *warning*.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *1, 2, 97* or *98*
  - If the value of this field is other than one of the assigned values (*1, 2, 97* or *98*), the Validation Result indicates a *warning due to an invalid value*.
- Related field: Substance Use Diagnosis 1, Mental Health Diagnosis 1, Record Type
  - If this field is not *1 (Yes)* while the Record Type indicates an MH record (*M* or *X*) and SUD Diagnosis One is other than *999.9996 (No Applicable Diagnosis)*, the Validation Result indicates a *warning due to a data inconsistency*.

4.7.3 SMI/SED Status

This field indicates whether the client has serious mental illness (SMI) or serious emotional Disturbance (SED) using the state's definition.

Code	Value	Description/Note
1	*SMI*	Serious Mental Illness (used for adult of 22 years or older)
2	*SED*	Serious Emotional Disturbance (used for child/ youth up to 21 years old)
3	*At Risk for SED*	At risk for Serious Emotional Disturbance (used for child/youth up to 21 years old)
4	*Not SMI/SED*	At risk for Mental Illness
97	*Unknown*	Individual client value is unknown. Use this code if the provider collects these data but for some reason a particular record does not reflect an acceptable value; or if a client is undergoing evaluation for SMI or SED eligibility pending any decision.
98	*Not Collected*	Provider does not collect this field. Use this code if the provider does not collect these data either for all clients or a particular subset of the population.

Guidelines

- For an MH record, SMI/SED Status must be collected at admission and updated at discharge.
- SMI/SED status data collection on a substance use record is optional. However, if the information is not available, the provider still needs to report it as *97 (Unknown)* or *98 (Not Collected)*.
- Clients with co-occurring mental and substance use disorders must have a valid value.
- The District's definitions of SMI and SED follow the federal definitions:
- An age check will be performed. The code *1 (SMI)* should be used for adults 18 years and older. The code *2 (SED)* or *3 (At Risk for SED)* should be used for children and adolescents 17 years old and younger. An exception is given to young adults, 18-21 years old, who are protected under the IDEA and continue to receive mental health services from the state's Children Mental Health system. Age is not rounded-up.

Validation Rules

- Field name: smi_sed
- Field type: required
  - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
  - If this field is *Null*, the Validation Result indicates a *critical error due to a missing value*.
- Field format and length: one (1) or two (2) digit numeric character(s)

- Acceptable value: *1, 2, 3, 4, 97* or *98*
    - If the value of this field is other than one of the assigned values (*1, 2, 3, 4, 97* or *98*), the Validation Result indicates a *critical error due to an invalid value*.
- Related field: Date of Birth, Admission Date
    - If this value of this field is *1 (SMI)* while the age at Admission Date is younger than 22 years old, the Validation Result indicates a *critical error due to a data inconsistency*.
    - If this value of this field is *2 (SED)* or *3 (At Risk for SED)* while the age at Admission Date is 22 years or older, the Validation Result indicates a *critical error due to a data inconsistency*.

4.7.4 DLA-20 Average Score

This field specifies the average score of the Daily Living Activities-20 (DLA-20) assessment conducted for an adult client most recently during the respective episode.

Code	Value	Description/Note
1.00 - 7.00	*DLA-20 Average Score*	Average score from 20 domains, each of which should range between 1 and 7, thus the average will range between 1 and 7. The average score should have 2 digits after the decimal point.
996.00	*Not Applicable*	Client is a child or youth and thus DLA-20 is not required
998.00	*Not Available*	Assessment was not conducted or not reportable

Guidelines

- Conducting an assessment using DLA-20 is required for every adult client presenting a mental health disorder, including an MH/SUD co-occurring condition, and is recommended to all behavioral health service providers, at admission and every 90 days thereafter.
- If the client does not present any mental health disorder and the provider does not use DLA-20, use *996.00 (Not Applicable)*.
- If the client is a child or youth and thus DLA-20 is not the applicable tool, use *996.00 (Not Applicable)*.
- If DLA-20 Average Score is not reportable or unavailable for various reasons (e.g., no assessment has been conducted or completed for the client, or the average score is not reportable electronically), the provider still needs to report it using *998.00 (Not Available).*
- Report DLA-20 score from the latest assessment conducted during the current episode, on or after Admission Date and before Discharge Date or the Last Day of Reporting Period if the client has not been discharged yet.
- If both DLA-20 and CAFAS tools were used as the client transitioned from a youth to an adult within the same episode, both DLA-20 Average Score and CAFAS or PECFAS Total Score may be provided.

Validation Rules for DLA-20 Average Score

- Field name: dla20_average_score
- Field type: required
    - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
    - If this field is *Null*, the Validation Result indicates a *critical error due to a missing value*.
- Field format and length: a decimal with 2 digits after the decimal point (e.g., 4.52)
- Acceptable value: Between *1.00* and *7.00*, *996.00* or *998.00.*

- If the value of this field is less than 1.00 or greater than 7.00 while it is not *996.00* or *998.00*, the Validation Result indicates a *critical error due to an invalid value*.
- Related field: DLA-20 Assessment Date, CAFAS Total Score
  - If the value of this field is *996.00 (Not Applicable)* or *998.00 (Not Available)* while the value of DLA-20 Assessment Date is valid, the Validation Result indicates a *critical error due to a data inconsistency* as a valid DAL-20 Assessment Date has been provided.

4.7.5 DLA-20 Assessment Date

This field specifies the date when the DLA-20 assessment producing the value in DLA-20 Average Score was completed.

Guidelines

- The value in this field is the date when the DLA-20 assessment that resulted in the reported DLA-20 Average Score was completed.
- DLA-20 Assessment Date should be within the current episode, on or after Admission Date and before Discharge Date or the Last Day of Reporting Period if the client has not been discharged yet.
- Report the latest date when DLA-20 assessment was conducted most recently if the client has more than one assessment completed during the same episode.
- A valid DLA-20 Assessment Date should be present if DLA-20 Average Score has a valid score ranging between *1.00* and *7.00*, whereas this field should remain *Null* if DLA-20 Average Score is *Not Applicable (996.00)* or *Not Available (998.00)*.

Validation Rules for DLA-20 Assessment Date

- Field name: dla20_assessment_date
- Field type: conditionally required
  - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
  - If this field is *Null* while DLA-20 Average Score has a valid score ranging between *1.00* and *7.00*, the Validation Result indicates a *critical error due to a missing value*.
- Field format: Date (*MM/DD/YYYY* or *YYYY-MM-DD*)
  - If this field contains a value that is not recognized as a data format when the value is present, the Validation Result indicates a *critical error due to wrong format*.
- Acceptable value: a valid date equal to or greater than January 1, 1980
  - If the value of this field is not a valid calendar date (e.g., February 30), Validation Result indicates a *critical error due to an invalid value*.
  - If the value of this field is before *1/1/1980*, the Validation Result indicates a *critical error due to an invalid value*.
- Related field: DLA20 Average Score, Admission Date, Reporting Period End Date
  - If the value of this field is a valid date while the value of DLA-20 Average Score is *Not Applicable (996.00)* or *Not Available (998.00)*, the Validation Result indicates a *critical error due to a data inconsistency* as a valid DAL-20 Average Score is present.
  - If DLA-20 Assessment Date is earlier than the Admission Date, the Validation Result indicates a *critical error due to a data inconsistency*.
  - If DLA-20 Assessment Date is greater than the Discharge Date when Discharge Date is present, the Validation Result indicates a *critical error due to a data inconsistency*.

- If DLA-20 Assessment Date is greater than the Reporting Period End Date when Discharge Date is not present, the Validation Result indicates a *critical error due to a data inconsistency*.

4.7.6 CAFAS or PECFAS Total Score

This field specifies the total score of the Child and Adolescent Functional Assessment Scale (CAFAS) assessment or Preschool and Early Childhood Assessment Scale (PECFAS) conducted for a child or youth client most recently during the respective episode.

Code	Value	Description/Note
0 - 240	*CAFAS Total Score*	Total score from 8 domains, each of which should range between 0 and 30, thus the total score will range between 0 and 240. The total score should be a whole number.
0-210	*PECFAS Total Score*	Total score from 7 domains, each of which should range between 0 and 30, thus the total score will range between 0 and 210. The total score should be a whole number.
996	*Not Applicable*	Client is an adult and thus CAFAS is not required.
998	*Not Available*	Assessment was not conducted or not reportable.

Guidelines

- Conducting an assessment using CAFAS or PECFAS is required for every child or youth client served by MHRS providers and is recommended to be used by all behavioral health service providers, at admission and every 90 days thereafter.
- If the client does not present any mental health disorder and the provider does not use CAFAS or PECFAS tool at all, use *996.00 (Not Applicable)*.
- If the client is an adult and thus CAFAS or PECFAS is not the applicable tool, use *996 (Not Applicable)*.
- If CAFAS or PECFAS Total Score is not reportable or unavailable for various reasons (e.g., no assessment has been conducted or completed for the client, or the average score is not reportable electronically), the provider still needs to report it using *998 (Not Available).*
- Report CAFAS or PECFAS Total Score from the latest assessment conducted during the current episode, on or after Admission Date and before Discharge Date or the Last Day of Reporting Period if the client has not been discharged yet.
- If both DLA-20 and CAFAS tools were used as the client transitioned from a youth to an adult within the same episode, both DLA-20 Average Score and CAFAS or PECFAS Total Score may be provided.
- If a child has both PECFAS and CAFAS completed during the same episode, provide the total score based on the most recent assessment and indicate the assessment tool (CAFAS vs. PECFAS) used for the respective assessment in the Assessment Type field.

Validation Rules for CAFAS or PECFAS Total Score

- Field name: cafas_or_pecfas_total_score
- Field type: required
  - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
  - If this field is *Null*, the Validation Result indicates a *critical error due to a missing value*.
- Field format and length: Up to three (3) numeric characters

- Acceptable value: Between *0* and *240*, *996* or *998.*
    - If the value of this field is less than 0 or greater than 240 while it is not *996* or *998*, the Validation Result indicates a *critical error due to an invalid value*.
- Related field: CAFAS or PECFAS Assessment Date, DLA-20 Average Score
    - If the value of this field is *996 (Not Applicable)* or *998 (Not Available)* while the value of CAFAS or PECFAS Assessment Date is valid, the Validation Result indicates a *critical error due to a data inconsistency* as a valid CAFAS or PECFAS Assessment Date has been provided.

4.7.7 CAFAS or PECFAS Assessment Date

This field specifies the date when the CAFAS or PECFAS assessment producing the value in CAFAS or PECFAS Total Score was completed.

Guidelines

- The value in this field is the date when the CAFAS or PECFAS assessment that resulted in the reported CAFAS or PECFAS Total Score was completed.
- CAFAS or PECFAS Assessment Date should be within the current episode, on or after Admission Date and before Discharge Date or the Last Day of Reporting Period if the client has not been discharged yet.
- Report the latest date when CAFAS or PECFAS assessment was conducted most recently if the client has more than one assessment completed during the same episode.
- A valid CAFAS or PECFAS Assessment Date should be present if CAFAS or PECFAS Total Score has a valid score ranging between *0* and *240*, whereas this field should remain *Null* if CAFAS or PECFAS Total Score is *Not Applicable (996)* or *Not Available (998).*

Validation Rules for CAFAS Assessment Date

- Field name: cafas_or_pecfas_assessment_date
- Field type: conditionally required
    - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
    - If this field is *Null* while CAFAS or PECFAS Total Score has a valid score ranging between *0* and *240*, the Validation Result indicates a *critical error due to a missing value*.
- Field format: Date (*MM/DD/YYYY* or *YYYY-MM-DD*)
    - If this field contains a value that is not recognized as a data format when the value is present, the Validation Result indicates a *critical error due to wrong format*.
- Acceptable value: a valid date equal to or greater than January 1, 1980
    - If the value of this field is not a valid calendar date (e.g., February 30), Validation Result indicates a *critical error due to an invalid value*.
    - If the value of this field is before *1/1/1980*, the Validation Result indicates a *critical error due to an invalid value*.
- Related field: CAFAS or PECFAS Total Score, Admission Date, Reporting Period End Date
    - If the value of this field is a valid date while the value of CAFAS or PECFAS Total Score is *Not Applicable (996)* or *Not Available (998)*, the Validation Result indicates a *critical error due to a data inconsistency* as a valid CAFAS or PECFAS Total Score is present.
    - If CAFAS or PECFAS Assessment Date is earlier than the Admission Date, the Validation Result indicates a *critical error due to a data inconsistency*.

- If CAFAS or PECFAS Assessment Date is greater than the Discharge Date when Discharge Date is present, the Validation Result indicates a *critical error due to a data inconsistency*.
- If CAFAS or PECFAS Assessment Date is greater than the Reporting Period End Date when Discharge Date is not present, the Validation Result indicates a *critical error due to a data inconsistency*.

4.7.8 Assessment Type

This field specifies the type of assessment tool (CAFAS vs. PECFAS) used to produce the value in CAFAS or PECFAS Total Score was completed. As the scale of the total score is different between CFAS and PECFAS, it is important to indicate which assessment tool is used for the record.

Guidelines

- The value in this field is either *CAFAS* or *PECFAS*.
- This field is required only if CAFAS or PECFAS Total Score has a valid score ranging between *0* and *240*,
- This field should remain *Null* if CAFAS or PECFAS Total Score is *Not Applicable (996)* or *Not Available (998)*.

Validation Rules for Assessment Type

- Field name: assessment_type
- Field type: conditionally required
  - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
  - If this field is *Null* while CAFAS or PECFAS Total Score has a valid score ranging between *0* and *240*, the Validation Result indicates a *critical error due to a missing value*.
- Acceptable value: a string of either *CAFAS* or *PECFAS*
  - If the value of this field is not *CAFAS* or *PECFAS* when the value is present, Validation Result indicates a *fatal error due to an invalid value*.
- Related field: CAFAS or PECFAS Total Score
  - If the value of this field is *CAFAS* or *PECFAS* while the value of CAFAS or PECFAS Total Score is *Not Applicable (996)* or *Not Available (998)*, the Validation Result indicates a *critical error due to a data inconsistency* as a valid CAFAS or PECFAS Total Score is present.

4.7.9 Substance Use Diagnosis (One, Two & Three)

This field identifies a client's SUD diagnosis identified at admission or diagnosed/updated during the treatment. Up to three (3) active SUD diagnoses can be reported using the official International Classification of Disease (ICD)-10 codes.

Code	Value	Description/Note
XXX.XXX	*Official ICD-10 Code*	Codes can be three to seven plus a decimal. A three-character code with no decimal or following digits will be accepted.
999.9996	*No Applicable Diagnosis*	No Substance Use Diagnosis – Individual client who does not have a substance use diagnosis (Use this code only for MH client records).

Guidelines

- The first three characters, the category value for a valid SUD diagnostic code will range between F10 and F19.
- For an SUD client, the principal diagnosis providing the reason for the client's encounter or treatment must be reported in the SUD Diagnosis One field.
- Reporting a value in the SUD Diagnosis One field is required for both SUD and MH records regardless of the presence of an active SUD diagnosis. An SUD episode, or an MH episode with a co-occurring SUD must have a valid SUD diagnostic code reported. An MH episode with no active SUD diagnosis should be reported as 999.9996 (No Applicable Diagnosis) in SUD Diagnosis One field and SUD Diagnosis Two and SUD Diagnosis Three fields can remain *Null*.

Validation Rules for SUD Diagnosis One

- Field name: sud_dx1
- Field type: required
  - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
  - If this field is *Null*, the Validation Result indicates a *critical error due to a missing value*.
- Field format and length: a minimum of three (3) and a maximum of eight (8) alphanumeric characters, including a decimal point (.) counted as one character. The 1st character must be a letter and the 2nd character must be a numeric value.
  - If the length of the value is shorter than 3 characters or exceeds 8 characters, when the value is present, the Validation Result indicates a *critical error due to an invalid field length.*
  - If the 1st character is not a letter or the 2nd character is not a numeric value, the Validation Result indicates a *critical error due to wrong format.*
- Acceptable value: The 1st character must be *F* and the 2nd character must be *1* (number one). Additionally, *999.9996 (No Applicable Diagnosis)* is allowed.
  - When the value is not *999.9996 (No Applicable Diagnosis)*, if the 1st character is not *F* or the 2nd character is not *1*, the Validation Result indicates a *critical error due to an invalid value*.
- Related field: Record Type, Codependent/Collateral
  - If the value of this field is *No Applicable diagnosis (999.9996)* while the Record Type indicates an SUD record (*A* or *T*) and Codependent/Collateral is Client (2), the Validation Result indicates a *critical error due to a data inconsistency*.
  - If the value of this field is a valid SUD Diagnostic code beginning with *F1* while the Record Type indicates an MH record (*M* or *X*) and the Co-Occurring MH and SUD Problem is other than 1 (Yes), the Validation Result indicates a *critical error due to a data inconsistency*.

Validation Rules for SUD Diagnosis Two

- Field name: sud_dx2
- Field type: optional
  - Use this field if the client has another active SUD diagnosis. If the client has only one SUD diagnosis or no SUD diagnosis at all, this field may remain *Null*.
  - Any errors associated with this field result in a *warning*.
- Field format and length: a minimum of three (3) and a maximum of eight (8) alphanumeric characters, including a decimal point (.) counted as one character. The 1st character must be a letter and the 2nd character must be a numeric value.

  - If the length of the value is shorter than 3 characters or exceeds 8 characters, when the value is present, the Validation Result indicates a *warning due to an invalid field length.*
  - If the 1st character is not a letter or the 2nd character is not a numeric value, the Validation Result indicates a *warning due to wrong format.*
- Acceptable value: The 1st character must be *F* and the 2nd character must be *1* (number one). Additionally, *999.9996 (No Applicable Diagnosis)* is allowed.
  - When the value is not *999.9996 (No Applicable Diagnosis)*, if the 1st character is not *F* or the 2nd character is not *1*, the Validation Result indicates a *warning due to an invalid value*.
- Related field: Record Type, Codependent/Collateral
  - If the value of this field is a valid SUD Diagnostic code beginning with *F1* while the Record Type indicates an MH record (*M* or *X*) and the Co-Occurring MH and SUD Problem is other than 1 (Yes), the Validation Result indicates a *warning due to a data inconsistency*.

Validation Rules for SUD Diagnosis Three

- Field name: sud_dx3
- Field type: optional
  - Use this field if the client has more than two active SUD diagnoses. If the client has only one SUD diagnosis or no SUD diagnosis at all, this field may remain *Null*.
  - Any errors associated with this field result in a *warning*.
- Field format and length: a minimum of three (3) and a maximum of eight (8) alphanumeric characters, including a decimal point (.) counted as one character. The 1st character must be a letter and the 2nd character must be a numeric value.
  - If the length of the value is shorter than 3 characters or exceeds 8 characters, when the value is present, the Validation Result indicates a *warning due to an invalid field length.*
  - If the 1st character is not a letter or the 2nd character is not a numeric value, the Validation Result indicates a *warning due to wrong format.*
- Acceptable value: The 1st character must be *F* and the 2nd character must be *1* (number one). Additionally, *999.9996 (No Applicable Diagnosis)* is allowed.
  - When the value is not *999.9996 (No Applicable Diagnosis)*, if the 1st character is not *F* or the 2nd character is not *1*, the Validation Result indicates a *warning due to an invalid value*.
- Related field: Record Type, Codependent/Collateral
  - If the value of this field is a valid SUD Diagnostic code beginning with *F1* while the Record Type indicates an MH record (*M* or *X*) and the Co-Occurring MH and SUD Problem is other than 1 (Yes), the Validation Result indicates a *warning due to a data inconsistency*.

4.7.10 Mental Health Diagnosis (One, Two & Three)

This field identifies a client's official MH diagnosis identified at admission or diagnosed/updated during the treatment. Up to three (3) active (non-SUD) mental health diagnoses can be reported using the official International Classification of Disease (ICD)-10 codes.

Code	Value	Description/Note
XXX.XXX	*Official ICD-10 Code*	Codes can be three to seven plus a decimal. A three-character code with no decimal or following digits will be accepted.

Code	Value	Description/Note
999.9996	*No Applicable Diagnosis*	No MH Diagnosis – Individual client who does not have any MH diagnosis (Use this code only for SUD client records).

Guidelines

- For an MH client, the principal diagnosis providing the reason for the client's encounter or treatment must be reported in the MH Diagnosis One field.
- ICD-10 codes ranging from F01 through F99 indicate mental, behavioral and neurodevelopmental disorders. However, SUD diagnostic codes, ranging between F10 and F19, are reported in the SUD Diagnosis fields, and they should not be included in MH Diagnosis Fields. Additionally, G codes may be used for mental health clients with a problem related to the nervous system, and Z codes may be used to describe additional factors influencing health status or when the symptoms do not point to a specific disorder but still warrant evaluation or treatment. In summary, a valid MH code in these fields will begin with F0, between F2 and F9, G or Z.
- Reporting a value in the first MH Diagnostic Code field is required for both MH and SUD records regardless of the presence of an active MH diagnosis. An MH client, or an SUD client with a co-occurring MH disorder should have a valid MH diagnosis. An SUD client with no active MH diagnosis should be reported as 999.9996 (No MH Diagnosis).
- If this field has a valid MH Diagnostic code on an SUD record (where Record Type is A or T), Co- occurring Mental and Substance Use Disorders must be 1 (Yes).
- For an SUD client, the principal diagnosis providing the reason for the client's encounter or treatment must be reported in the SUD Diagnosis One field.
- Reporting a value in the SUD Diagnosis One field is required for both SUD and MH records regardless of the presence of an active SUD diagnosis. An SUD episode, or an MH episode with a co-occurring SUD must have a valid SUD diagnostic code reported. An MH episode with no active SUD diagnosis should be reported as 999.9996 (No Applicable Diagnosis) in SUD Diagnosis One field and SUD Diagnosis Two and SUD Diagnosis Three fields can remain *Null*.

Validation Rules for MH Diagnosis One

- Field name: mh_dx1
- Field type: required
    - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
    - If this field is *Null*, the Validation Result indicates a *critical error due to a missing value*.
- Field format and length: a minimum of three (3) and a maximum of eight (8) alphanumeric characters, including a decimal point (.) counted as one character. The 1st character must be a letter and the 2nd character must be a numeric value.
    - If the length of the value is shorter than 3 characters or exceeds 8 characters, when the value is present, the Validation Result indicates a *critical error due to an invalid field length.*
    - If the 1st character is not a letter or the 2nd character is not a numeric value, the Validation Result indicates a *critical error due to wrong format.*
- Acceptable value: The 1st character must be *G, F, or Z*. Additionally, the 2nd character of a diagnostic code beginning with F must be a numeric value other than *1* (number one). Lastly, *999.9996 (No Applicable Diagnosis)* is allowed.

    - When the value is not *999.9996 (No Applicable Diagnosis)*, if the 1st character is not *G, F or Z*, or the 2nd character is *1* while the 1st character is F, the Validation Result indicates a *critical error due to an invalid value*.
- Related field: Record Type, Codependent/Collateral
    - If the value of this field is *999.9996 (No Applicable diagnosis)* while the Record Type indicates an MH record (*M* or *X*), the Validation Result indicates a *critical error due to a data inconsistency*.
    - If the value of this field is a valid MH Diagnostic code while the Record Type indicates an SUD record (*A* or *T*) and the Co-Occurring MH and SUD Problem is other than 1 (Yes), the Validation Result indicates a *critical error due to a data inconsistency*.

Validation Rules for MH Diagnosis Two

- Field name: mh_dx2
- Field type: optional
    - Use this field if the client has another active MH diagnosis. If the client has only one MH diagnosis or no MH diagnosis at all, this field should remain *Null*.
    - Any errors associated with this field result in a *warning*.
- Field format and length: a minimum of three (3) and a maximum of eight (8) alphanumeric characters, including a decimal point (.) counted as one character. The 1st character must be a letter and the 2nd character must be a numeric value.
    - If the length of the value is shorter than 3 characters or exceeds 8 characters, when the value is present, the Validation Result indicates a *warning due to an invalid field length.*
    - If the 1st character is not a letter or the 2nd character is not a numeric value, the Validation Result indicates a *warning due to wrong format.*
- Acceptable value: The 1st character must be *G, F, or Z*. Additionally, the 2nd character of a diagnostic code beginning with F must be a numeric value other than *1* (number one). Lastly, *999.9996 (No Applicable Diagnosis)* is allowed.
    - When the value is not *999.9996 (No Applicable Diagnosis)*, if the 1st character is not *G, F or Z*, or the 2nd character is *1* while the 1st character is F, the Validation Result indicates a *warning due to an invalid value*.
- Related field: Record Type, Codependent/Collateral
    - If the value of this field is a valid MH Diagnostic code while the Record Type indicates an SUD record (*A* or *T*) and the Co-Occurring MH and SUD Problem is other than 1 (Yes), the Validation Result indicates a *warning due to a data inconsistency*.

Validation Rules for MH Diagnosis Three

- Field name: mh_dx3
- Field type: optional
    - Use this field if the client has more than two active MH diagnoses. If the client has two or fewer MH diagnoses, this field may remain *Null*.
    - Any errors associated with this field result in a *warning*.
- Field format and length: a minimum of three (3) and a maximum of eight (8) alphanumeric characters, including a decimal point (.) counted as one character. The 1st character must be a letter and the 2nd character must be a numeric value.
    - If the length of the value is shorter than 3 characters or exceeds 8 characters, when the value is present, the Validation Result indicates a *warning due to an invalid field length.*
    - If the 1st character is not a letter or the 2nd character is not a numeric value, the Validation Result indicates a *warning due to wrong format.*

- Acceptable value: The 1st character must be *G, F, or Z*. Additionally, the 2nd character of a diagnostic code beginning with F must be a numeric value other than *1* (number one). Lastly, *999.9996 (No Applicable Diagnosis)* is allowed.
    - When the value is not *999.9996 (No Applicable Diagnosis)*, if the 1st character is not *G, F or Z*, or the 2nd character is *1* while the 1st character is F, the Validation Result indicates a *warning due to an invalid value*.
- Related field: Record Type, Codependent/Collateral
    - If the value of this field is a valid MH Diagnostic code while the Record Type indicates an SUD record (*A* or *T*) and the Co-Occurring MH and SUD Problem is other than 1 (Yes), the Validation Result indicates a *warning due to a data inconsistency*.

4.7.11 Non-Behavioral Health Diagnosis (One, Two & Three)

This field indicates any comorbid medical conditions (that are not MH or SUD disorders) identified at admission to an MH/SUD treatment service provider or diagnosed while receiving MH/SUD treatment service.

Code	Value	Description/Note
XXX.XXX	*Official ICD-10 Code*	Codes can be three to seven plus a decimal. A three-character code with no decimal or following digits will be accepted.
999.9996	*No Applicable Diagnosis*	No Applicable Diagnosis – Individual client who has either SUD or MH diagnosis only.
999.9997	*Unknown*	Individual client value is unknown.
999.9998	*Not Collected*	Provider does not collect this field.

Guidelines

- Providers are encouraged to track and report any non-behavioral health diagnoses that may or may not affect the MH or SUD services or supports. However, this field is optional can remain Null.
- Report up to three active non-BH diagnoses using ICD-10 codes. Codes starting with F, G or Z letters are reported in SUD Diagnosis fields or MH Diagnosis fields. Thus, codes starting with all other letters except G, F and Z will be considered non-BH diagnosis codes.

Validation Rules for Non-BH Diagnosis One, Two & Three

- Field name: non_bh_dx1, non_bh_dx2, non_bh_dx3
- Field type: optional
    - This field can remain *Null*.
    - Any errors associated with this field, when the value is present, will result in a *warning*.
- Field format and length: a minimum of three (3) and a maximum of eight (8) alphanumeric characters, including a decimal point (.) counted as one character. The 1st character must be a letter and the 2nd character must be a numeric value.
    - If the length of the value is shorter than 3 characters or exceeds 8 characters, when the value is present, the Validation Result indicates a *warning due to an invalid field length.*
    - If the 1st character is not a letter or the 2nd character is not a numeric value, the Validation Result indicates a *warning due to wrong format.*
- Acceptable value: The 1st character must be a letter other than *F, G or Z* and the 2nd character must be a numeric value. Additionally, *999.9996 (or No Applicable Diagnosis)* is allowed.

- If the 1st character is *F*, *G* or *Z*, or the 2nd character is not a numeric value, and the value is not *999.9996 (No Applicable Diagnosis)*, when the value is present, the Validation Result indicates a *warning due to an invalid value*.

4.8 Clinical Information - Substance Use

4.8.1 Summary and Data Fields

This section includes data fields on a client's history of substance-specific information. It captures substances that the client is currently on at the time of admission and does not include any substances the client may have started during the course of treatment.

Table 15. Data Fields for Substance Use

Field Name	Field Description	Type	Format	Length
primary_substance	Primary Substance Use	R (Cond)	numeric	2
secondary_substance	Secondary Substance Use	O	numeric	2
tertiary_substance	Tertiary Substance Use	O	numeric	2
primary_drug_code	Primary Detailed Drug Code	O	numeric	4
secondary_drug_code	Secondary Detailed Drug Code	O	numeric	4
tertiary_drug_code	Tertiary Detailed Drug Code	O	numeric	4
primary_su_frequency_admission	Primary Substance Frequency of Use at Admission	R (Cond)	numeric	2
secondary_su_frequency_admission	Secondary Substance Frequency of Use at Admission	O	numeric	2
tertiary_su_frequency_admission	Tertiary Substance Frequency of Use at Admission	O	numeric	2
primary_su_frequency_discharge	Primary Substance Frequency of Use at Discharge	R (Cond)	numeric	2
secondary_su_frequency_discharge	Secondary Substance Frequency of Use at Discharge	O	numeric	2
tertiary_su_frequency_discharge	Tertiary Substance Frequency of Use at Discharge	O	numeric	2
primary_su_route	Primary Substance Route of Administration	R (Cond)	numeric	2
secondary_su_route	Secondary Substance Route of Administration	O	numeric	2
tertiary_su_route	Tertiary Substance Route of Administration	O	numeric	2
primary_su_age_at_first_use	Primary Substance Use Age at First Use	R (Cond)	numeric	2
secondary_su_age_at_first_use	Secondary Substance Use Age at First Use	O	numeric	2
tertiary_su_age_at_first_use	Tertiary Substance Use Age at First Use	O	numeric	2
opioid_su_therapy	Medication-Assisted Opioid Therapy	R (Cond)	numeric	2

4.8.2 Substance Use (Primary, Secondary & Tertiary)

This field identifies the client's substance use ranked in the order of use.

Code	Value	Description/Note
1	None	
2	Alcohol	
3	Cocaine/crack	
4	Marijuana or Hashish	Includes THC and any other cannabis sativa preparations.
5	Heroin	
6	Non-prescription Methadone	
7	Other opiates and synthetics	Includes buprenorphine, butorphanol, codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and other narcotic analgesics, opiates, or synthetics.
8	PCP – Phencyclidine	
9	Hallucinogens	Includes LSD, DMT, mescaline, peyote, psilocybin, STP, and other hallucinogens.
10	Methamphetamine or Speed	
11	Other amphetamines	Includes amphetamines, MDMA, 'bath salts', phenmetrazine, and other amines and related drugs.
12	Other stimulants	Includes methylphenidate and any other stimulants.
13	Benzodiazepines	Includes alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, flunitrazepam, flurazepam, halazepam, lorazepam, oxazepam, prazepam, temazepam, triazolam, and other benzodiazepines.
14	Other tranquilizers	Includes meprobamate, and other non-benzodiazepine tranquilizers.
15	Barbiturates	Includes amobarbital, pentobarbital, phenobarbital, secobarbital, etc.
16	Other sedatives or hypnotics	Includes chloral hydrate, ethchlorvynol, glutethimide, methaqualone, and other non-barbiturate sedatives and hypnotics.
17	Inhalants	Includes aerosols; chloroform, ether, nitrous oxide and other anesthetics; gasoline; glue; nitrites; paint thinner and other solvents; and other inappropriately inhaled products.
18	Over-the-counter medications	Includes aspirin, dextromethorphan and other cough syrups, diphenhydramine and other antihistamines, ephedrine, sleep aids, and any other legally obtained, non-prescription medication.
20	Other drugs	Includes diphenylhydantoin/phenytoin, GHB/GBL, ketamine, synthetic cannabinoid "Spice", carisoprodol (Soma), and other drugs.
96	Not Applicable	
97	Unknown	Individual client value is unknown.
98	Not Collected	Provider does not collect this information at all.

Guidelines

- Each Substance Use field (primary, secondary, or tertiary) has associated fields: Route of Administration, Frequency of Use at Admission, Frequency of Use at Discharge, Age at First Use, and Detailed Drug Code. The primary Substance Use code corresponds to the primary codes in the other fields, the secondary code to the secondary, and the tertiary to the tertiary.

- The Detailed Drug Code is optional and is used to provide more detailed descriptions of the substances reported.
- For an SUD treatment record or an MH treatment record with a co-occurring SUD, the substance use information, along with a substance use diagnosis, should be collected at admission with the related variable Frequency of Use at Admission. Additionally, Frequency of Use at Discharge for same substance should be collected to assess change and needs to be reported to BHSD.
- For an MH treatment record with no co-occurring SUD, this field is optional.
- A record should not have duplicate Substance Use codes with identical Rout of Administration unless the Detailed Drug Codes are different. For example, if the primary and the primary and secondary Substance Use codes are both 13 (Benzodiazepines), the primary and secondary Routes of Administration cannot be both 1 (Oral).

Validation Rules for Primary Substance Use

- Field name: primary_substance
- Field type: conditionally required
  - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *1 - 18, 20* or *96 - 98*
  - If this field contains an invalid value (other than *1 - 18, 20* or *96 - 98*), when a value is present, the Validation Result indicates a *critical error due to an invalid value*.
- Related field: SUD Diagnosis One
  - If the value of this field is *Null* while the SUD Diagnosis One has a valid SUD diagnosis code beginning with *F1*, the Validation Result indicates a *critical error due to a missing value*.
  - If the value of this field is *1 (None) or 16 (Not Applicable)* while the SUD Diagnosis One has a valid SUD diagnosis code beginning with *F1*, the Validation Result indicates a *critical error due to a data inconsistency*.

Validation Rules for Secondary Substance Use

- Field name: secondary_substance
- Field type: optional
  - If the client has no secondary or tertiary substance identified, this field may remain *Null*.
  - Any errors associated with this field result in a *warning*.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *1 - 18, 20* or *96 - 98*
  - If this field contains an invalid value (other than *1 - 18, 20* or *96 - 98*), when a value is present, the Validation Result indicates a *warning due to an invalid value*.
- Related field: SUD Diagnosis Two
  - If the value of this field is *Null* while the SUD Diagnosis Two has a valid SUD diagnosis code beginning with *F1*, the Validation Result indicates a *warning due to a missing value*.
  - If the value of this field is *1 (None) or 16 (Not Applicable)* while the SUD Diagnosis Two has a valid SUD diagnosis code beginning with *F1*, the Validation Result indicates a *warning due to a data inconsistency*.

Validation Rules for Tertiary Substance Use

- Field name: tertiary_substance
- Field type: optional

  - If the client has no secondary or tertiary substance identified, this field may remain *Null*.
  - Any errors associated with this field result in a *warning*.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *1 - 18, 20* or *96 - 98*
  - If this field contains an invalid value (other than *1 - 18, 20* or *96 - 98*), when a value is present, the Validation Result indicates a *warning due to an invalid value*.
- Related field: SUD Diagnosis Three
  - If the value of this field is *Null* while the SUD Diagnosis Two has a valid SUD diagnosis code beginning with *F1*, the Validation Result indicates a *warning due to a missing value*.
  - If the value of this field is *1 (None) or 16 (Not Applicable)* while the SUD Diagnosis Two has a valid SUD diagnosis code beginning with *F1*, the Validation Result indicates a *warning due to a data inconsistency*.

4.8.3 Detailed Drug Code (Primary, Secondary & Tertiary)

This field identifies in greater detail the substance recorded in Substance Use (Primary, Secondary, Tertiary), enabling distinction between substances in cases where a client uses two or more drugs that are assigned the same Substance Use code.

Substance Use (Name)		Detailed Substance Use Code	
Code	**Value**	**Code**	**Value: Generic substance (brand name example)**
1	None	*9996*	*Not Applicable*
2	Alcohol	*201*	*Alcohol*
3	Cocaine/crack	*301*	*Crack*
		302	*Other cocaine*
4	Marijuana/hashish	*401*	*Marijuana/hashish, THC, and any other cannabis sativa preparations*
5	Heroin	*501*	*Heroin*
6	Non-prescription Methadone	*601*	*Non-prescription Methadone*
7	Other opiates and synthetics	*701*	*Codeine*
		702	*Propoxyphene (Darvon)*
		703	*Oxycodone (Oxycontin)*
		704	*Meperidine (Demerol)*
		705	*Hydromorphone (Dilaudid)*
		706	*Butorphanol (Stadol), morphine (MS Contin), opium, and other narcotic analgesics, opiates, or synthetics*
		707	*Pentazocine (Talwin)*
		708	*Hydrocodone (Vicodin)*
		709	*Tramadol (Ultram)*
		710	*Buprenorphine (Subutex, Suboxone)*
8	PCP – Phencyclidine	*801*	*PCP*
9	Hallucinogens	*901*	*LSD*
		902	*DMT, mescaline, peyote, psilocybin, STP, and other hallucinogens*
10	Methamphetamine/Speed	*1001*	*Methamphetamine/Speed*

Substance Use (Name)		Detailed Substance Use Code	
Code	**Value**	**Code**	**Value: Generic substance (brand name example)**
11	Other amphetamines	*1101*	*Amphetamine*
		1103	*Methylenedioxymethamphetamine (MDMA, Ecstasy)*
		1109	*"Bath salts," phenmetrazine, and other amines and related drugs*
12	Other stimulants	*1201*	*Other stimulants*
		1202	*Methylphenidate (Ritalin)*
13	Benzodiazepines	*1301*	*Alprazolam (Xanax)*
		1302	*Chlordiazepoxide (Librium)*
		1303	*Clorazepate (Tranxene)*
		1304	*Diazepam (Valium)*
		1305	*Flurazepam (Dalmane)*
		1306	*Lorazepam (Ativan)*
		1307	*Triazolam (Halcion)*
		1308	*Halazepam, oxazepam (Serax), prazepam, temazepam (Restoril), and other benzodiazepines*
		1309	*Flunitrazepam (Rohypnol)*
		1310	*Clonazepam (Klonopin, Rivotril)*
14	Other tranquilizers	*1401*	*Meprobamate (Miltown)*
		1403	*Other non-benzodiazepine tranquilizers*
15	Barbiturates	*1501*	*Phenobarbital*
		1502	*Secobarbital/Amobarbital (Tuinal)*
		1503	*Secobarbital (Seconal)*
		1509	*Amobarbital, pentobarbital (Nembutal), and other barbiturate sedatives*
16	Other sedatives or hypnotics	*1601*	*Ethchlorvynol (Placidyl)*
		1602	*Glutethimide (Doriden)*
		1603	*Methaqualone (Quaalude)*
		1604	*Chloral hydrate and other non-barbiturate sedatives/hypnotics*
17	Inhalants	*1701*	*Aerosols*
		1702	*Nitrites*
		1703	*Gasoline, glue, and other inappropriately inhaled products 1704 Solvents (paint thinner and other solvents)*
		1705	*Anesthetics (chloroform, ether, nitrous oxide, and other anesthetics)*
18	Over-the-counter medications	*1801*	*Diphenhydramine*
		1809	*Other antihistamines, aspirin, Dextromethorphan (DXM) and other cough syrups, ephedrine, sleep aids, and any other legally obtained, non-prescription medication*
20	Other drugs	*2001*	*Diphenylhydantoin/Phenytoin (Dilantin)*
		2002	*Synthetic Cannabinoid (Spice), Carisoprodol (Soma), and other drugs*

Substance Use (Name)		Detailed Substance Use Code	
Code	**Value**	**Code**	**Value: Generic substance (brand name example)**
		2003	*GHB/GBL (gamma-hydroxybutyrate, gamma-butyrolactone) 2004 Ketamine (Special K)*
96	Not Applicable	*9996*	*Not Applicable – Use when the value in Substance Use is 1 (None).*
97	Unknown	*9997*	*Unknown – Individual client value is unknown.*
98	Not Collected	*9998*	*Not Collected – Provider does not collect this field.*

Guidelines

- Each of the Detailed Drug Code fields should correspond to the Substance Use fields. For example, Primary Detailed Drug should correspond to Primary Substance Use.

Validation Rules for Detailed Drug Code (Primary, Secondary & Tertiary)

- Field name: primary_drug_code, secondary_drug_code, tertiary_drug_code
- Field type: optional
  - These fields may remain *Null*.
  - Any errors associated with these fields result in a *warning*.
- Field format and length: a minimum of 3 and a maximum of 4 numeric characters
- Acceptable value: As indicated above
  - If this field contains an invalid value, when a value is present, the Validation Result indicates a *warning due to an invalid value*.
- Related field: Primary Substance Use, Secondary Substance Use, Tertiary Substance Use
  - If the value of Primary Drug Code is not null and is other than *9996 (Not Applicable)* while the value of Primary Substance Use is *1 (None)* or *96 (Not Applicable),* the Validation Result indicates a *warning due to a data inconsistency*.
  - If the first numeric character of this field does not match with the value of Primary Substance Use field while the value of this field is greater than 200 and less than 910, the Validation Result indicates a *warning due to a data inconsistency*.
  - If the first two numeric characters of this field do not match with the value of Primary Substance Use field while the value of this field is greater than 1000 and less than 3000, the Validation Result indicates a *warning due to a data inconsistency*.
  - The same rules above apply to Secondary Drug Code and Tertiary Drug Code data fields in relation to Secondary Substance Use and Tertiary Substance Use data fields.

4.8.4 Substance Frequency of Use at Admission

This field specifies the frequency of use of the corresponding substance identified in Substance Use (Primary, Secondary, Tertiary) at Admission.

Code	Value	Description/Note
1	*No Use In The Past Month*	
2	*1-3 Days In Past Month*	
3	*1-2 Days In Past Week*	
4	*3-6 Days In Past Week*	
5	*Daily*	
96	*Not Applicable*	

Code	Value	Description/Note
97	*Unknown*	Individual client value is unknown
98	*Not Collected*	Provider does not collect this information at all

Validation Rules for Primary Substance Frequency of Use at Admission

- Field name: primary_su_frequency_admission
- Field type: conditionally required
  - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *1 - 5* or *96 - 98*
  - If this field contains an invalid value (other than *1 - 5* or *96 - 98*), when a value is present, the Validation Result indicates a *critical error due to an invalid value*.
- Related field: Primary Substance Use
  - If this field is *Null* while Primary Substance Use is *2 - 18,* or *20*, the Validation Result indicates a *critical error due to a missing value.*
  - If this field has a valid frequency value *between 1 and 5* while Primary Substance Use is *1 (None)* or *96 - 98 (Not Applicable, Unknown or Not Collected)*, the Validation Result indicates a *critical error due to a data inconsistency.*

Validation Rules for Secondary/Tertiary Substance Frequency of Use at Admission

- Field name: secondary_su_frequency_admission, tertiary_su_frequency_admission
- Field type: optional
  - Any errors associated with this field result in a *warning*.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *1 - 5* or *96 - 98*
  - If this field contains an invalid value (other than *1 - 5* or *96 - 98*), when a value is present, the Validation Result indicates a *warning due to an invalid value*.
- Related field: Secondary Substance Use, Tertiary Substance Use
  - If Secondary SUD Frequency of Use at Admission is *Null* while Secondary Substance Use is *2 - 18,* or *20*) the Validation Result indicates a *warning due to a missing value.*
  - If Secondary SUD Frequency of Use at Admission has a valid frequency value *between 1 and 5* while Secondary Substance Use is *1 (None)*, *96 - 98 (Not Applicable, Unknown or Not Collected)* or *Null*, the Validation Result indicates a *warning due to a data inconsistency.*
  - If Tertiary SUD Frequency of Use at Admission is *Null* while Tertiary Substance Use is *2 - 18,* or *20*) the Validation Result indicates a *warning due to a missing value.*
  - If Tertiary SUD Frequency of Use at Admission has a valid frequency value *between 1 and 5* while Tertiary Substance Use is *1 (None)*, *96 - 98 (Not Applicable, Unknown or Not Collected)* or *Null*, the Validation Result indicates a *warning due to a data inconsistency.*

4.8.5 Substance Frequency of Use at Discharge

This field specifies the frequency of use of the corresponding substance identified in Substance Use (Primary, Secondary, Tertiary) at discharge to assess any changes and outcomes of a treatment.

Code	Value	Description/Note
1	*No Use In The Past Month*	
2	*1-3 Days In Past Month*	
3	*1-2 Days in Past Week*	
4	*3-6 Days in Past Week*	
5	*Daily*	
96	*Not Applicable*	
97	*Unknown*	Individual client value is unknown
98	*Not Collected*	Provider does not collect this information at all

Validation Rules for Primary Substance Frequency of Use at Discharge

- Field name: primary_su_frequency_discharge
- Field type: conditionally required
  - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *1 - 5* or *96 - 98*
  - If this field contains an invalid value (other than *1 - 5* or *96 - 98*), when a value is present, the Validation Result indicates a *critical error due to an invalid value*.
- Related field: Primary Substance Use, Discharge Date
  - If this field is *Null* while Primary Substance Use is *2 - 18,* or *20*) and Discharge Date is not *Null*, the Validation Result indicates a *critical error due to a missing value.*
  - If this field has a valid frequency value *between 1 and 5* while Primary Substance Use is *1 (None)* or *96 - 98 (Not Applicable, Unknown or Not Collected)*, the Validation Result indicates a *critical error due to a data inconsistency.*

Validation Rules for Secondary/Tertiary Substance Frequency of Use at Discharge

- Field name: secondary_su_frequency_discharge, tertiary_su_frequency_discharge
- Field type: optional
  - Any errors associated with this field result in a *warning*.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *1 - 5* or *96 - 98*
  - If this field contains an invalid value (other than *1 - 5* or *96 - 98*), when a value is present, the Validation Result indicates a *warning due to an invalid value*.
- Related field: Secondary Substance Use, Tertiary Substance Use
  - If Secondary SUD Frequency of Use at Discharge is *Null* while Secondary Substance Use is *2 - 18,* or *20*, the Validation Result indicates a *warning due to a missing value.*
  - If Secondary SUD Frequency of Use at Discharge has a valid frequency value *between 1 and 5* while Secondary Substance Use is *1 (None)*, *96 - 98 (Not Applicable, Unknown or Not Collected)* or *Null*, the Validation Result indicates a *warning due to a data inconsistency.*
  - If Tertiary SUD Frequency of Use at Discharge is *Null* while Tertiary Substance Use is *2 - 18,* or *20*, the Validation Result indicates a *warning due to a missing value.*
  - If Tertiary SUD Frequency of Use at Discharge has a valid frequency value *between 1 and 5* while Tertiary Substance Use is *1 (None)*, *96 - 98 (Not Applicable, Unknown or Not Collected)* or *Null*, the Validation Result indicates a *warning due to a data inconsistency.*

4.8.6 Substance Use Method/Route of Administration

This field identifies the usual route of administration of the corresponding substance identified in Substance Use (Primary, Secondary, Tertiary).

Code	Value	Description/Note
1	*Oral*	
2	*Smoking*	
3	*Inhalation*	
4	*Injection*	intravenous, intramuscular, intradermal, or subcutaneous
20	*Other*	
96	*Not Applicable*	
97	*Unknown*	Individual client value is unknown
98	*Not Collected*	Provider does not collect this information at all

Validation Rules for Primary Substance Route of Administration

- Field name: primary_su_route
- Field type: conditionally required
    - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *1 - 4, 20* or *96 - 98*
    - If this field contains an invalid value (other than *1 - 4. 20* or *96 - 98*), when a value is present, the Validation Result indicates a *critical error due to an invalid value*.
- Related field: Primary Substance Use
    - If this field is *Null* while Primary Substance Use is *2 - 18,* or *20*), the Validation Result indicates a *critical error due to a missing value.*
    - If this field has a value of *1 - 4* or *20* while Primary Substance Use is *1 (None)* or *96 - 98 (Not Applicable, Unknown or Not Collected)*, the Validation Result of this field indicates a *critical error due to a data inconsistency* since the primary substance is not identified.

Validation Rules for Secondary/Tertiary Substance Route of Administration

- Field name: secondary_su_route, tertiary_su_route
- Field type: optional
    - Any errors associated with this field result in a *warning*.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *1 - 4, 20* or *96 - 98*
    - If this field contains an invalid value (other than *1 - 4. 20* or *96 - 98*), when a value is present, the Validation Result indicates a *warning due to an invalid value*.
- Related field: Secondary Substance Use, Tertiary Substance Use
    - If Secondary SUD Route of Administration is *Null* while Secondary Substance Use is *2 - 18,* or *20*, the Validation Result indicates a *warning due to a missing value.*
    - If Secondary SUD Route of Administration has a value of *1 - 4* or *20* while Secondary Substance Use is *1 (None), 96 - 98 (Not Applicable, Unknown or Not Collected)* or *Null*, the Validation Result of this field indicates a *warning due to a data inconsistency* since the secondary substance is not identified.

- If Tertiary SUD Route of Administration is *Null* while Tertiary Substance Use is *2 - 18,* or *20*, the Validation Result indicates a *warning due to a missing value.*
- If Tertiary SUD Route of Administration has a value of *1 - 4* or *20* while Tertiary Substance Use is *1 (None), 96 - 98 (Not Applicable, Unknown or Not Collected)* or *Null*, the Validation Result of this field indicates a *warning due to a data inconsistency* since the tertiary substance is not identified.

4.8.7 Substance Use Age at First Use (Primary, Secondary & Tertiary)

This field identifies the age at which the client first used the corresponding substance identified in Substance Use (Primary, Secondary, Tertiary). If the corresponding substance is alcohol, this field records the age at the first intoxication.

Code	Value	Description/Note
0	*Newborn with a substance dependency problem*	
1-95	*Age at first use, in years*	
96	*Not Applicable*	
97	*Unknown*	Individual client value is unknown
98	*Not Collected*	Provider does not collect this information at all

Validation Rules for Primary Substance Use Age at First use

- Field name: primary_su_age_at_first_use
- Field type: conditionally required
  - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *0 - 98*
  - If this field contains an invalid value (other than *0 - 98*), when a value is present, the Validation Result indicates a *critical error due to an invalid value*.
- Related field: Primary Substance Use, Admission Date, Date of Birth
  - If this field is *Null* while Primary Substance Use is *2 - 18,* or *20*, the Validation Result indicates a *critical error due to a missing value.*
  - If this field has a valid age value of *0 - 95* while Primary Substance Use is *1 (None)* or *96 - 98 (Not Applicable, Unknown or Not Collected)*, the Validation Result of this field indicates a *critical error due to a data inconsistency* since the primary substance is not identified.
  - If the value of this field is greater than the age at admission, calculated based on Admission Date and Date of Birth, the Validation Result indicates a *critical error due to a missing value.*

Validation Rules for Secondary Substance Use Age at First Use

- Field name: secondary_su_age_at_first_use
- Field type: optional
  - Any errors associated with this field result in a *warning*.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *0 - 98*
  - If this field contains an invalid value (other than *0 - 98*), when a value is present, the Validation Result indicates a *warning due to an invalid value*.

- Related field: Secondary Substance Use, Admission Date, Date of Birth
    - If Secondary Substance Use Age at First Use is *Null* while Secondary Substance Use is *2 - 18,* or *20*, the Validation Result indicates a *warning due to a missing value.*
    - If Secondary Substance Use Age at First Use has a valid age value of *0 - 95* while Secondary Substance Use is *1 (None)* or *96 - 98 (Not Applicable, Unknown or Not Collected)*, the Validation Result of this field indicates a *warning due to a data inconsistency* since the secondary substance is not identified.
    - If the value of this field is greater than the age at admission, calculated based on Admission Date and Date of Birth, the Validation Result indicates a *warning due to a missing value.*

Validation Rules for Tertiary Substance Use Age at First Use

- Field name: tertiary_su_age_at_first_use
- Field type: optional
    - Any errors associated with this field result in a *warning*.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *0 - 98*
    - If this field contains an invalid value (other than *0 - 98*), when a value is present, the Validation Result indicates a *warning due to an invalid value*.
- Related field: Tertiary Substance Use, Admission Date, Date of Birth
    - If Tertiary Substance Use Age at First Use is *Null* while Tertiary Substance Use is *2 - 18,* or *20*, the Validation Result indicates a *warning due to a missing value.*
    - If Tertiary Substance Use Age at First Use has a valid age value of *0 - 95* while Tertiary Substance Use is *1 (None)* or *96 - 98 (Not Applicable, Unknown or Not Collected)*, the Validation Result of this field indicates a *warning due to a data inconsistency* since the tertiary substance is not identified.
    - If the value of this field is greater than the age at admission, calculated based on Admission Date and Date of Birth, the Validation Result indicates a *warning due to a missing value.*

4.8.8 Medication-Assisted Opioid Therapy

This field identifies whether the use of opioid medications such as methadone, buprenorphine, and/or naltrexone is part of the client's treatment plan.

Code	Value	Description/Note
1	*Yes*	
2	*No*	
96	*Not Applicable*	Use this for a mental health record with no substance use identified.
97	*Unknown*	Individual client value is unknown
98	*Not Collected*	Provider does not collect this information at all

Guidelines

- An SUD client record or an MH record with co-occurring SUD, where Primary Substance Use is identified (*2 - 18,* or *20*) is required to report this data.

- The value of Primary/Secondary/Tertiary Substance Use suggests that the client has an opioid misuse identified, coded as *5 (Heroin), 6 (Non-prescription methadone),* or *7 (Other opiates and synthetics)*, this field should have a valid value of *1 (Yes), 2 (No)* or *97 (Unknown)*.
- Mental health reporting: An MH record with no co-occurring SUD and no Substance Use problem identified may skip this data field. For those records, this field is optional, or code *96 (Not Applicable)* may be used.

Validation Rules

- Field name: opioid_therapy
- Field type: conditionally required
    - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *1 - 2* or *96 - 98*
    - If this field contains an invalid value (other than *1 - 2* or *96 - 98*), when a value is present, the Validation Result indicates a *critical error due to an invalid value*.
- Related field: Primary Substance Use
    - If this field is *Null* while the value of Primary Substance Use, Secondary Substance Use or Tertiary Substance Use is *5, 6* or *7*, the Validation Result indicates a *critical error due to a missing value.*
    - If this field is *1* or *2*, while none of Primary Substance Use, Secondary Substance Use and Tertiary Substance Use contains an opioid value of *5, 6* or *7*, the Validation Result indicates a *critical error due to a data inconsistency.*
    - If this field is *96 (Not Applicable)* while Primary Substance Use, Secondary Substance Use or Tertiary Substance Use is *5, 6* or *7*, the Validation Result indicates a *critical error due to a data inconsistency.*

5 Provider Gateway Instructions

5.1 Connecting to Provider Gateway

The Gateway publishes secure Internet resources that a provider may access to exchange BHSD information, including an API endpoint (for system-to-system BHSD submission) and a web portal (for manual upload of BHSD submission and review of all prior submitted data). Under the onboarding process, DBH and the provider exchanges technical contacts, network details and other information necessary to establish secure communication. Based on this information, DBH will configure networks; establish service accounts and credentials; and exchange keys with providers to enable connectivity to Gateway resources.

5.2 Encryption

A multi-level approach is used to protect sensitive data exchanged via the Gateway. Transport Level Security (TLS) will secure HTTPS endpoint connections at the application level. Additionally, public key encryption will enable DBH and providers to control when, by whom, and under what circumstances data is decrypted

DBH and providers will exchange public keys as part of the onboarding process. Prior to each transmission, originators will encrypt the data content using the receiver's public key signed by the sender's private key.

5.3 BHSD Submission using API

The secure endpoint for API submission of BHSD will be available to providers intending to submit BHSD using API.

A provider's system must be authorized and certified to submit data to the Gateway endpoint. Once this process is complete, a provider's system may continue to submit BHSD as required unless or until the provider's system or network configuration (IP address) changes materially.

5.4 BHSD Submission by Uploading a CSV file

The web portal for manual submission of BHSD and review of submitted data and validation results will be available at https://provider-gateway.dbh-ite.com

A provider representative must be authorized by the provider and DBH will provide the authorized users with credentials to access this portal. The portal will provide access to the authorized representatives only and the login information will be communicated to the authorized individual following the authorization process.

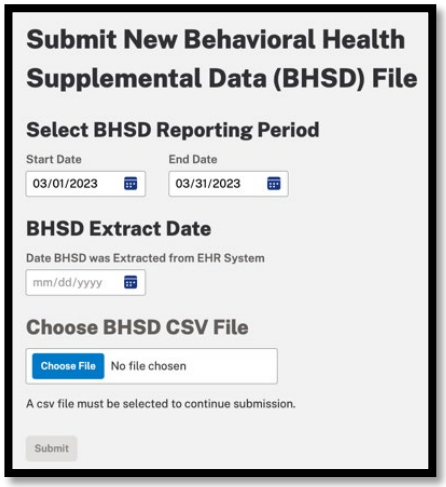
Once a representative user has logged in to the Gateway, the user will be able to submit a prepared CSV BHSD file in the Gateway. A submission is defined as a dataset composed of one or more records pertinent to a specific reporting period. A submission should include all relevant records for the specified reporting period as defined in 3.3 BHSD Submission Universe.

5.4.1 Metadata Submission

To upload a CSV file, the provider representative must complete indicating the following information:

- **Reporting Period Start Date**: This is the first date of the reporting period to which this submission relates. As the current reporting frequency is monthly, this will be the first day of the respective month. This must be a date in the past. The Gateway will default the previous month as the Reporting Period, but the user may change as needed.
- **Reporting Period End Date:** This is the last date of the reporting period to which this submission relates. This will be the last day of the respective month. This must be a date in the past and later than the Coverage Start Date.
- **BHSD Extract Date:** the date on which the extract data to be submitted was generated from the Provider's system of record.

Figure 4. Gateway: BHSD submission



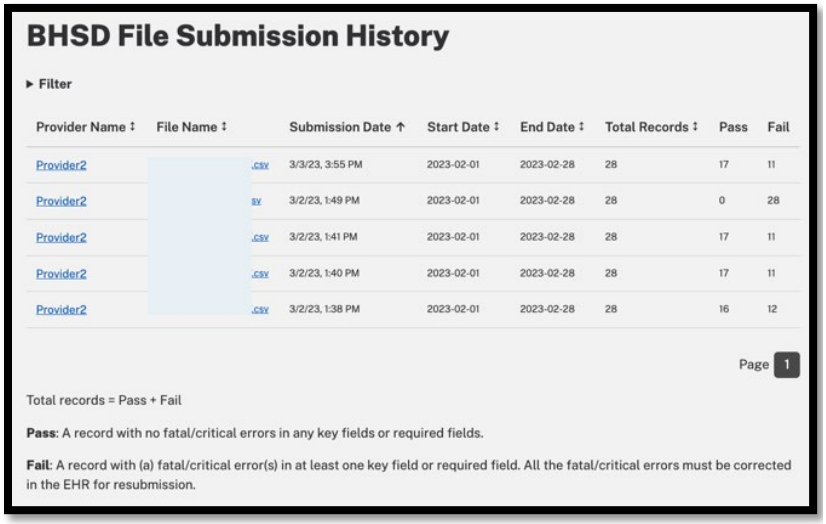
5.4.2 BHSD CSV Submission Template

Provider's BHSD CSV submission file must follow the required data format as instructed in the Guide and provided in a submission template file. It must have the same structure, including column headers and format of each data field, as the template CSV file published along with this Guide. The order of the columns can be different, but a submission file with missing data fields or formatted incorrectly may result in a failure of successful BHDS submission to the Gateway.

5.4.3 Reviewing Submission History

Once a BHSD submission file in the correct format is uploaded to the Gateway, the dataset will automatically be processed for data validation.

Figure 5. Gateway: BHSD Submission History



Every submission will remain in the Gateway and can be viewed on the [Submission History] page (Figure 5). A new submission will automatically be added to the top of the list on this page. This page will display brief information about each submission, including the file name, submission date and time, reporting periods, total number of records and Pass/Fail records identified from the validation process. The submission file name will then

have a hyperlink, which links to the [Submission Summary] page showing the validation results for the respective file.

5.5 Review of Validation Results

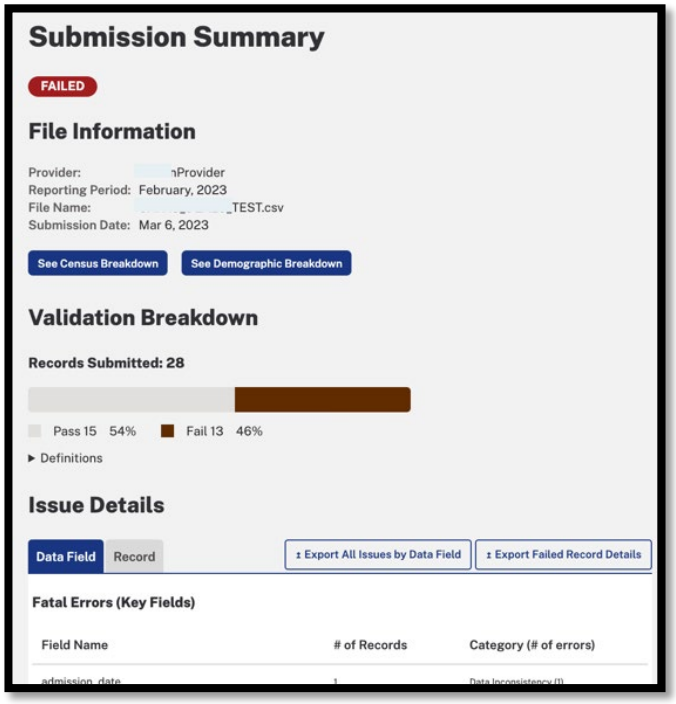
5.5.1 Understanding Terms and Definitions

To be compliant with BHSD reporting requirements, each provider must submit a BHSD dataset with no Fail records each month. A Fail record contains at least one fatal error in a key field or one critical error in a required field. A Pass record does not have any fatal or critical error but may have a warning associated with an optional field.

Only a submission with no FAIL records will be accepted as a valid submission. A submission including one or more Fail records must be resubmitted for the same reporting period, to be compliant with the BHSD requirements.

Please refer to 3.5 BHSD Submission and Resubmission Requirements and 3.7 Data Validation Framework for further information regarding the requirements and related terms.

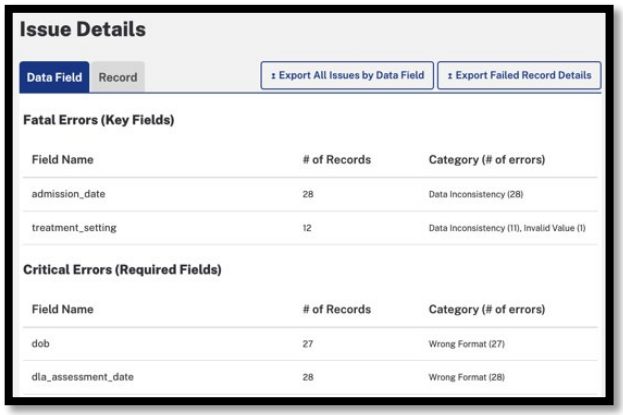
Figure 6. Gateway: Submission Summary



5.5.2 Reviewing Validation Result Summary

Clicking on the submission file name on the [Submission History] page (Figure 5 above) will open the [Submission Summary] page (Figure 6), which displays the validation results of the selected submission file in detail, including the validation breakdown of Pass/Fail records, census summary and demographic breakdown, and validation result for each record. Issue details of the validation results will be further displayed under the two tabs: 1) Data Field and 2) Record.

Figure 7. Gateway: Validation Results by Data Field



5.5.3 Reviewing Validation Result by Data Field

The [Submission Summary] page will display the issues by 'Data Field' as a default view.

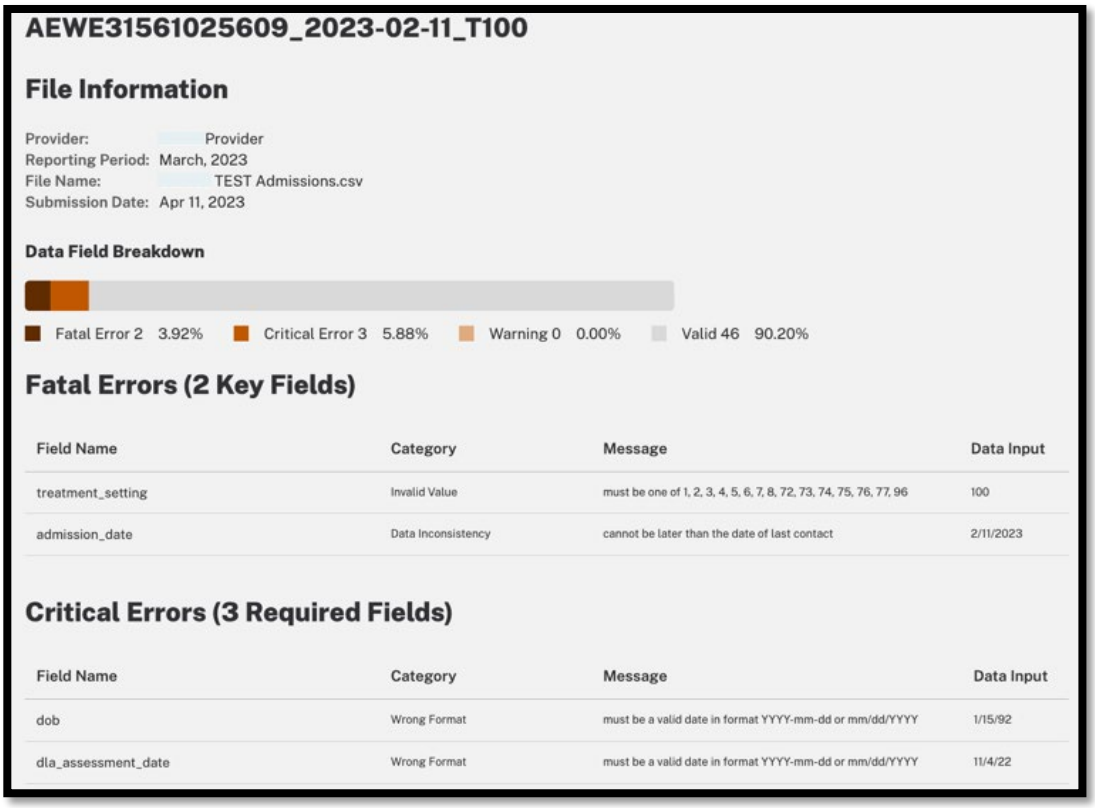
This section will display the list of data fields by error type and indicate the number of records with the specific error in each data field. It will further provide the error categories.

5.5.4 Reviewing Validation Results by Data Field

Clicking the 'Record' tab on the [Submission Summary] page will display the validation results of the selected submission summarized by each record. This section will show the number of errors by error type for each Record ID, which is considered a unique identifier as a combination of Client ID, Admission Date, Record Type and Treatment Setting data fields.

Clicking on the individual Record ID will open the [Record Detail] page (Figure 8), which displays a detailed breakdown of errors and warnings on any data fields of the selected record. It will indicate the error category (e.g., missing value, invalid value, data inconsistency, etc.) and a specific error message describing the reason of the error associated with each data field.

Figure 8. Gateway: Validation Result at Record-Level



Reviewing detailed validation results in various aspects will allow the provider to quickly identify the cause of each issue. Also, these validation results can be exported to CSV files by clicking [Export] Icons on the [Submission Summary] page. Providers then must correct the identified issues in the source system or in the coding process and regenerate a clean BHSD file for resubmission.